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FACTORS INFLUENCING MORALE OF OLDER PEOPLE

by



SHEILA GREENHILL

A THESIS

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IN

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October 9, 1981

to my grandmothers
who are inspirations
as they continue to face life's
challenges with spirit and dignity

ABSTRACT

The purpose of this study was to determine which factor, or combination of factors, is most influential to morale of older people.

The study population consisted of 326 persons aged sixty-five and over. Individuals in this age category were interviewed by students in Family Studies under the instruction of Dr. Norah Keating. Data was derived through information obtained from selected sections of an interview instrument designed by Dr. Norah Keating for purposes of assessing the needs and resources of elderly people. In addition to questions relating to morale, the interview schedule included sections on housing, transportation, activity, social network, and demographic variables.

The study proposed that the unique physical, psychological, and social changes that confront older people in the final phase of the life cycle would have an impact upon their morale. Specific factors that were regarded as possible influences included: age, sex, education, health, income, ethnic origin, transportation, housing, work status, size or residential community, marital status, activity, and social network. It was anticipated that subjective evaluations of several of these factors would be revealed as more efficient predictors of morale than objective measures.

Discriminant analysis was utilized as the statistical technique to determine which factor or combination of factors

best distinguished between high morale and moderate or low morale. The following factors, in combination, were found to be the most discriminating: self-assessment of health, satisfaction with social network, activity level, sex, satisfaction with activity level, marital status, size of residential community, satisfaction with housing, education, and work status. These ten factors were able to predict morale correctly in 69.57% of the known cases.

The remaining factors were found to contain information that was either contributed by other selected variables or was unable to distinguish between high and moderate to low morale. These included: actual income, perceived adequacy of income, age, satisfaction with transportation, ethnic origin, and frequency of contact with social network.

Six variables used subjective evaluations for assessment. Four of these were included in the optimal set of discriminating variables including the two most important. This finding implied that the individual's own perceptions of his or her circumstances and resources are as or more important than are objective criteria.

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TABLE OF CONTENTS

	PAGE
LIST OF TABLES	xi
LIST OF FIGURES	xii
CHAPTER	
I. NATURE OF THE RESEARCH PROBLEM	1
II. CONCEPTUAL FRAMEWORK	4
Aging and the Nature of Time	5
Roles	7
Developmental Tasks	8
Physical and Biological Changes	9
Psychological Changes	11
Social Changes	14
Role Exits and Role Restitution	15
Family Changes	17
The Impact of Biological, Psychological and Social Changes	21
Summary	24
III. LITERATURE REVIEW	24
Definition and Concept of Morale	24
Factors Influencing Morale	27
Age	27
Sex	29
Ethnic Origin	30
Income	31
Health	33

CHAPTER		PAGE
	Marital Status	34
	Work Status	36
	Housing	41
	Size of Community	45
	Transportation	47
	Social Network	49
	Activity	53
	Conclusion	61
IV.	RESEARCH DESIGN	62
	Study Population	63
	Representativeness of Sample	65
	Instrumentation	67
	Morale Instrument	67
	Objective Data Instruments	69
	Subjective Data Instruments	70
	Data Analysis	72
V.	RESULTS AND DISCUSSION	77
	Variable Names	77
	Tables and Figures	78
	Discussion	88
	Variables Included in the Optimal Set ...	90
	Variables Excluded from the Optimal Set ..	96
	Summary	99

	BIBLIOGRAPHY	103
	APPENDIX: QUESTIONNAIRE	120

LIST OF TABLES

<u>Table</u>	<u>Description</u>	<u>Page</u>
1.	Selected Variables on Morale Level with Wilks' Lambdas	79
2.	Optimal Set of Discriminating Variables	80
3.	Standardized Canonical Discriminant Function Coefficients and Order of Importance of Discriminating Variables..	82
4.	Classification Results	87

LIST OF FIGURES

<u>Figure</u>		<u>Page</u>
1.	Histogram of High Morale Group Cases on Canonical Discriminant Function	84
2.	Histogram of Moderate to Low Group Cases on Canonical Discriminant Function	85
3.	Combined Histogram of High Morale Group Cases and Moderate to Low Group Cases on Canonical Discriminant Function	86

NATURE OF THE RESEARCH PROBLEM

Canadian society as a whole is being challenged to adjust its view of old age. Most people must anticipate a longer life span than ever before. For the first time in the history of Canada, the rate of growth of the sixty-five and over population is more rapid than the total population (Statistics Canada, 1979). A large and growing aged population is, therefore, a new phenomenon for society.

Medical advances combined with significant improvements in the overall standard of living have increased the average life expectancy by over ten years. This increase has contributed to the growing number of elderly. As a result, health care professionals and those in allied disciplines are being presented with new medical, social, and economic problems.

Almost ten percent of the population is now comprised of those aged sixty-five and older as compared with five percent at the turn of the century. This trend is likely to continue and by the year 2001, it is projected that nearly thirteen percent of Canada's population will fall into this age category (Statistics Canada, 1979).

With this ever-expanding population of older citizens, continued efforts toward disentangling some of the social situational factors that have actual or potential consequences for mental health seem indicated. Satisfaction with life has been generally recognized as an important determinant of mental health (Medley, 1979) and many studies have concentrated upon measures and correlates of life satis-

faction, or some related facet of life satisfaction, such as morale.

The term morale encompasses such characteristics as courage, discipline, confidence, enthusiasm, and willingness to face hardship. Acquiring and maintaining high morale is one of the more enduring of life's tasks. Aging as a phase of individual existence, may span upward of three decades during which time both the individual and his circumstances may undergo various changes. The changes that characterize old age may be potentially taxing to morale depending upon the personal and social characteristics and resources of the individual.

This study was undertaken to determine which of the many variables that have been identified as correlates in previous studies are the most efficient predictors of morale and what combination of factors is most successful in explaining the variance in morale among the elderly. These factors include: age, sex, income, education, health, ethnic origin, marital status, work status, housing, availability of transportation, contact with family and friends, and general activity level.

Criticisms have been levelled against previous research for its tendency to concentrate and rely upon objective measures of these factors. Berger and Luckmann (1966) argue that subjective evaluation is an important determinant in the construction of an individual's view of reality. For example, satisfaction with standard of living may be of more importance to an individual's outlook on life than his actual financial condition.

To rectify this shortcoming partially, this research

will incorporate the elderly person's subjective evaluation of the following factors: housing, health, income, transportation, contact with family and friends, and activity level. The use of subjective measures may be of importance because objective measures have previously accounted for only one to sixteen percent of the variance in morale among the aged (Larson, 1978).

CONCEPTUAL FRAMEWORK

As stated in Chapter 1, acquiring and maintaining high morale is one of life's most enduring tasks. In this study, old age is considered to be a particularly threatening period to morale. As a phase of life, the aging phase presents a series of challenges, usually involving change and crisis, with which the individual must cope to survive and function. The developmental tasks and role transitions of old age are performed within the unique circumstances of threat of crisis, lack of resources, inadequate alternatives, diminished power, qualitative change in the meaning of life, pressure of death, and the convergence of many stresses.

The theoretical perspective presented in this chapter provides a useful conceptual tool for investigating the research question posed in this study. The distinctiveness of the final phase of the life cycle is conceptualized by integrating pertinent aspects of several theories. The resulting eclectic framework is appropriate for identifying the factors that may enhance or, on the contrary, hamper adjustment in old age, and thus potentially influence morale in older people.

From this framework, the individual is viewed as a biological, psychological, and social being moving forward in time. Development is presumed to occur at all points in this movement, and is marked by both quantitative and qualitative change. The principal point being emphasized is that adult life, like that of the child, is always evolving. During each of phase of life, an individual must cope with the demands of his environment and of his own developing personality and

5

body. At different times these demands will differ in accord with altered circumstances - biological, psychological, and social.

The contribution of several theorists to this framework are acknowledged and outlined in the chapter. The views of Clark and Anderson (1967), Duvall (1977), Hultsch and Deutsch (1981), Peck (1968), and Pkinus and Albrecht (1961) help to elucidate the physical and biological changes that typically occur during the aging phase of life. The theories of Buhler (1959), Erikson (1963), and Peck (1968) combine to form a perspective on the psychological changes that may occur in old age. Finally, the changes in social environment that commonly occur in the later years are examined through such concepts as disengagement (Cuming and Henry, 1961; Havighurst, Neurgarten, and Tobin, 1968), role transitions (Blau, 1973; Duvall, 1977; Rodgers, 1973), and developmental tasks (Duvall, 1977; Havighurst et al., 1968; Rodgers, 1963).

The framework addresses itself to the description and explanation of changes in biological, psychological and social behavior during old age. By incorporating the relevant components of these diverse theories into an overall conceptual framework, the patterns of multi-directional change that appear to be relatively common among the elderly can be examined and their potential for impact upon morale can be inferred.

Aging and the Nature of Time

To pursue an inquiry into factors influencing the morale of older people it is important to clarify the time dimension

against which individuals are being viewed. Chronological age is one such dimension however it is also useful to consider other descriptive dimensions. The framework for this study distinguishes older people not only by chronological age but also by the historical and social events through which older people have commonly made transitions. This is important because it provides a clearer background for understanding the biological, psychological, and social behavioral changes that are often observed among the elderly.

The number of years an individual has lived (chronological age) is an arbitrary, if objective, measure of life events. To the extent that individual patterns of change are homogeneous enough to produce high correlations between chronological age and behavior change it is a useful measure. However, to the extent that large differences in these patterns exist between individuals, chronological age is likely to be unproductive as an organizing dimension.

The conceptual framework for this research begins with the basic idea that individuals have a history which must be taken into account if the dynamics of their behavior are to be explained adequately (Rodgers, 1973). The first element of the time perspective, therefore, is historical time. The historical time in which a given set of individuals is situated has effects on their behavior. Historical age refers to environmental determinants that are correlated with historical time. They are normative to the extent that they are experienced by most members of a given cohort. In this sense they tend to define the developmental context of a given cohort. For example, it is impossible to ignore the impact on individuals of the depression of the 1930's or the two World Wars. Furthermore, since older people

have a history which spans more than half a century, modifications in sociocultural norms can be expected to have influenced attitudes and behaviors. Examples might include changes in sex role expectations and changes in childrearing and educational practices.

Another dimension of time that is of central importance to the framework, is the concept of social process time. Social process time captures the differences which occur at one point in time as compared to another point in time. In contrast to chronological time, social process time is not determined by units of the same chronological length but is based upon periods in the life of an individual with a given process such as childbearing and retirement (Rodgers, 1973). The term typically used for these periods has been stage from which the concept of life-cycle stages was derived.

By using historical and social process time as time and reference standards, the framework is a useful tool for the purposes of this research as it highlights the distinctive features of the final stage in the life cycle as compared to earlier stages.

Roles

The concept of role makes a useful contribution to the framework of this study. The progression through socially prescribed roles over the life cycle provides markers for the definition of the individual as young, middle aged, or old. These indicators can influence the individual's own concept of his or her age, and the behavior that follows from that self-concept. The concept of role provides a useful organizing tool for distinguishing some of the unique aspects of the aging phase of life.

Role refers to the combination of cultural norms

related to each other which provide expectations for behavior (Rodgers, 1973). Role sequence is the term used to describe the normative content of role changes through time due to changes within the individual, within the family, and/or within the society (Rodgers, 1973), usually tied to stages of the life cycle (Blau, 1973). Role exit occurs whenever any stable pattern of interaction and shared activity between two or more persons ceases. Exit from the occupational role or the role of marital partner, through retirement or widowhood are two such examples.

Developmental Tasks

The concept of developmental tasks also makes a contribution to the theoretical perspective of this study. The series of tasks and expectations, both internally and externally imposed, that confront the individual throughout the life cycle are to a large extent age-determined. The older person is challenged to continue to grow and develop in the face of new tasks and challenges. The success or failure of the individual in meeting these developmental tasks would be expected to have an influence upon their morale. With the concept of developmental tasks it is possible to examine the challenges that arise due to biological, psychological, and social changes that typify the last stage of life.

A developmental task has been conceptualized as midway between a human need on the one hand and cultural demands on the other. Havighurst defined developmental task as a "task which arises at or about a certain period in the life of an individual successful achievement of which leads to his happiness and success with later tasks while failure leads to unhappiness in the individual, disap-

proval by society and difficulty with later tasks." (1948, P. 6).

Rodgers offered this definition: "A developmental task is a set of norms (role expectations) arising at a particular point in the life cycle which, if incorporated as a role or part of a role cluster, brings about adjustment, failure to incorporate the norms leads to lack of adjustment, application of additional normative pressure in the form of sanctions, and difficulty incorporating later norms into role cluster." (1962, P. 55).

Physical and Biological Changes

The requirement to cope with change characterizes each point of development. One of the developmental tasks of the older person relates to an awareness and acceptance of physical changes (Clark and Anderson, 1967; Duvall, 1977; Hultsch and Deutsch, 1981; Peck, 1968; Pikius and Albrecht, 1961). In a society where youth and physical attractiveness are highly valued, the individual must cope with changes in appearance associated with growing old.

Furthermore, the older person is expected to adjust to decreasing strength and gradually failing health and the circumstances this mandates for him or her. This often means marked revisions in the roles he or she has played in the home or outside.

How the individual handles the strains and stresses of living will affect the rate of physical decline. If the person resists change and develops unfavourable attitudes towards him or herself, other people, and life in general, the rate of physical decline can be hastened. This can become a vicious circle because, in turn, feelings of ill health seem to make people feel older and hamper adjustment (Lehr and Puschner,

1964), they inhibit feelings of happiness (Holmes and Masuda, 1974), promote pessimism (Ludwig and Eichorn, 1967), and weaken the self-image (McCraie, Bartone, and Costa, 1976).

Although aging itself is not a disease, aging is accompanied by physical changes and lowered resistance to chronic illness. Some of the more common chronic disease conditions among older people include diseases of the heart, cancer, stroke, arthritis, influenza and pneumonia, diabetes, hypertension, and mental and nervous conditions (Tiven, 1971).

Physical medicine has identified a number of physical changes in older people that are common even in the absence of chronic disease. They include changes in skin, skeleton and muscles, the nervous system, and decreasing acuity of hearing, vision, and other senses. They also include respiratory changes, digestive difficulties, and changes in temperature maintenance. Malnutrition in old age can be the result of a number of factors including economic. Nutritional deficits can come from digestive difficulties and loss of appetite can be attributed to reduction in the sense of taste and smell, loss of all or some teeth and difficulty with dentures, anxiety and depression, and not wanting to eat alone (Hultsch and Deutsch, 1981).

Older people are generally more prone to accidents, for example, falling, burns, and motor vehicle accidents either as drivers or pedestrians, than younger people. Even when the accidents are not fatal, recovery rate is slower and they often leave the individual permanently disabled (Hultsch and Deutsch, 1981).

As a result of this increase vulnerability to physical hazard and illness, older individuals may have greater difficulty in coping with environmental stress and adjusting changes. Nevertheless, Lawton notes:

"It has been observed that biologically, elderly humans do not differ appreciably from persons in other groups. Physiological, sensory, emotional, and physical changes do occur but the immense reserves of the human body and the ingenious and often devious methods of compensation ... allow the elderly to function in this complex world with surprising success." (1968, P.120).

Psychological Changes

According to Buhler, a primary task for the elderly person is the need to rethink his reasons for being, his philosophy of life, to reassess himself; and to consider his past and future. She considers the self-assessment of this stage in the life-cycle to be very different from that of earlier periods. She states:

"It is much more serious ... because it takes place with awareness of this being a critical period, a last moment for making changes, for improving on the results, for bringing in some of the harvest everybody is hoping for." (1959, P.368).

Most theories of psychological development have been formulated through studies of childhood and adolescence. These seem to be relatively inadequate for describing the transitions that

occur from adulthood to old age for the most part. The literature indicates that psychological changes undoubtedly do occur and are accompanied by patterns of behavior that represent a person's adaptation to his current circumstances as well as his past history. That which seems to characterize the healthy adaptive individual is continual psychological evolution over the life span (Birren, 1964).

Erikson (1963) is one of the few theorists who has taken into account psychological development in late maturity. He identified eight stages of development and indicated the nuclear task that must be accomplished at each stage if continuing development is to occur. In relation to the final stage of life, the polarity of "integrity" versus "despair" is postulated as the central task. Ego integrity permits "participation by fellowship as well as acceptance of the responsibility of leadership" and the basic strengths of this period are "renunciation" and "wisdom". The individual also accepts his life as it has been lived and apparently comes to terms with himself. On the other hand, loss of ego integrity is reflected in despair, or disgust concealing despair, and the feeling that time is too short to alter one's life according to Erikson's theory.

In an expansion of Erikson's eight stages, Peck (1968) suggested three developmental tasks of old age. The first, "ego-differentiation versus work-role preoccupation" requires the older person to see him or herself to be worthwhile as a unique human being rather than in terms of work status. The second task, "body transcendence versus body preoccupation", requires redefinition of "happiness" and comfort" to handle the various declines in physical powers that are likely to develop. And finally, the third "ego-trans-

cendence versus ego preoccupation" concerns positive adaptation to the certainty of death.

Buhler (1959), Erikson (1963), and Peck (1968) suggest the final significantly different developmental task of the aged is preparation for death and that preparation is integrally bound with the performance of earlier tasks. A person who has defined himself, made peace with life, has integrated changes, and "overcome" the difficulties of old age has come to terms with his own mortality in many ways.

Accomplishment of this task represents an ideal goal. Contained within these theories are also the psychological hazards of old age. Erikson refers to "despair" and Peck makes reference to "work preoccupation", "body preoccupation", and "ego preoccupation". The circumstances of old age are, to a large extent, nonconducive to the achievement of positive psychological growth. Within the context of a society which emphasizes work and financial status; values speed, strength and handsome physique; stereotypes the elderly in negative terms such as foolish, crotchety, and useless; and, furthermore, discourages thoughts and discussion about death; the conditions for achievement are far from ideal.

Arsenian (1962) points out "... every person has a 'breaking point' ... influenced by critical events in living, their timing, and cumulative and counteractive effects. (P. 667). He analyzes the various stresses that affect the older person, as a result of societal attitudes, changes in environmental factors, and the diminished opportunities for satisfaction, pointing out that older people may become increasingly powerless in the control of their destinies. This

circumstance is closely connected with psychological breakdowns and losses.

It would seem that Buhler (1959), Erikson (1963), and Peck (1968) are all sensitive to the high psychological risks of old age and, to some extent, the tasks outlined are not expected to be fully attained in reality. Their theories do suggest, however, that the individual's perception of life and what is or is not stressful is related to psychological changes and development. Thus, while increased vulnerability is common to all persons with advancing age, not only the actual crises and losses must be considered, but also the perceptions and reactions of individuals to such decrements. The subjective evaluations made by the elderly person about changes that occur in the final stage, would presumably be highly relevant to adjustment and morale.

Social Changes

As people grow older the activities that characterized them in middle age become curtailed, for instance, they no longer go to work. Efforts to understand the cause and effect of reduced activity in old age resulted in a controversy in the literature of gerontology.

In the disengagement theory as set forth by Cumming and Henry (1961), the decreased activity is characterized by the mutual withdrawal of both society and the individual, with the individual's withdrawal accompanied by decreased emotional involvement in the activities and relationships of his or her middle age. As a second part of the theory, it was proposed that in old age the individual who has disengaged is the person who has a sense of psychological well-being and will be high in morale.

Conversely, in the activity theory, as stated by Havighurst et al., (1968), the decreased activity of old age results from the withdrawal of society from the aging person, and the decrease is contrary to the desires of most older people. The person who ages optimally is the person who stays active and manages to resist the shrinkage of his or her social world.

Regardless of the individual's inclination the circumstances of old age typically demand adjustment to a reduction in social activity. Only the individual can say what level of social interaction and activity, and what type, he or she would prefer, but older people are often prevented from altering these levels to suit themselves by factors beyond their control such as health; reduced income; loss of spouse, friends and peers through death, illness and institutionalization; retirement; departure of children; and lack of mobility.

Role Exits and Role Restitution

Before old age, the relinquishment of a role was usually followed by a replacement for it of greater value, increased demands, and higher prestige. Thus, the individual was rewarded for progressing from one role to another. The lack of meaningful role replacements in old age contributes to an urge to 'hold on' to middle age. However, compulsory retirement and widowhood usually socially signify the onset of old age and thereby force the individual to abandon his or her middle-aged identity.

Blau (1973) observes that most people experience progressive impoverishment in their role resources as they grow older.

At this point in life, optional social roles , particularly avocations and friendships , assume increased significance in sustaining morale. Compared to the married and the employed, for the retired and widowed, the extent of social participation is critical for maintaining life satisfaction.

It is important to enter old age with optional roles because the opportunities to adopt new ones are more restricted than in earlier stages of life. Friendships and contacts with job-associates are disrupted when an individual retires. Similarly, friendships with other couples are disturbed with the death of a spouse because the surviving partner no longer fits into social activities and occasions that are organized around couples.

One form of role restitution as described by Blau (1973), is reallocation of the energy that was once invested in the terminated role into remaining roles. For example, greater involvement and investment of time can be given the marriage relationship upon retirement and after the departure of children. Involvement with friends and voluntary organizations can be intensified after widowhood and retirement under certain circumstances. It is therefore important that the individual diversify his or her repertory of roles so that these options exist. For the older person with a restricted repertory, the potential for the cumulative loss of roles, such as work and family roles, presents a high risk to morale because no option for this type of role restitution exists.

Another form of restitution consists of re-entering into a lost role, for example, remarrying or regaining employment. However, since the supply of men in later age groups declines considerably

more than that of women, correspondingly fewer opportunities exist¹⁷ for older women to remarry. Depending upon the health and skills of the individual, it may be difficult to re-enter into the job market in a society which is youth oriented and generally subscribes to compulsory retirement. The self-employed and the professional may have better opportunities for re-establishing and/or sustaining their career roles into the later years compared to other occupations.

Family Changes

To understand the social changes that occur in old age, it is useful to look at the individual within the context of the family. Family developmental theorists contend that all marriages and families have successive stages that occur from the creation of the family unit to its end by death or dissolution (Aldous, 1978; Duvall, 1977; Hill, 1964; Hultsch and Deutsch, 1981; Rodgers, 1973). While recognizing that each marriage and family is unique, family developmental theory stresses the commonality of patterns and behaviors that families exhibit through their life cycle.

The final stage of the family life cycle begins with the man's retirement, goes through the loss of the first spouse, and ends with the death of the second (Duvall, 1977). The aging couple continue to be family to their grown children, grandchildren and great-grandchildren; facing individual developmental tasks as aging man and woman, spouses, parents, and grandparents; and family developmental tasks of the final stage of the family life cycle.

The developmental tasks of both the aging husband and wife are intertwined with the aging family's developmental tasks.

Duvall (1977) summarizes these tasks as follows:

- (1) Finding satisfying housing for the later years;
- (2) Adjusting to retirement income;
- (3) Establishing comfortable household routines;
- (4) Nurturing each other as husband and wife;
- (5) Facing bereavement and widowhood;
- (6) Maintaining contact with children and grandchildren;
- (7) Caring for elderly relatives;
- (8) Keeping an interest in people outside the family;
- (9) Finding meanings in life. (P. 441)

Housing requirements in old age may alter because of a number of changes. The size and design of the family home may no longer suit the needs of the couple when children establish their own homes. Reduced income may deem the costs of maintenance, heating, and house improvement impractical. Reductions in health and physical strength may interfere with abilities to keep house. With retirement, proximity to work is no longer a consideration and the couple may be freer to move if they desire. The existence of government subsidized housing for the elderly may be attractive for eligible couples and individuals who prefer the conveniences and the concentration of neighbours of their own age (Duvall, 1977).

One of the most immediate retirement adjustments is the sharp reduction of income. In general, the period after retirement is characterized by a lower income than for any other period in the

the family life cycle. Many elderly people must adjust their lifestyles to this change. The degree of interest older people have in their appearance may be restricted because of their economic status. They simply may not have enough money to buy new clothes even when necessary and this can contribute to their social withdrawal. Recreational activities may have to be cut down or eliminated. Older people who have limited incomes may have to concentrate on essential daily needs and reassess the priorities established in middle age. Women, even more than men, may find a reduced income a hazard to their personal and social adjustments. It is especially serious during widowhood if the husband's former pension ends with his death, according to Duvall's theory (1977).

With the presence of the husband in the home all day following retirement, Duvall (1977) proposes that the couple may have to redefine household roles. Decline in physical abilities, may also require the establishment of new household routines to preserve physical energy and prevent strain.

Duvall (1977) also suggests that the process of aging creates a variety of needs that husband and wife mutually can meet for each other and for themselves as a couple. Their active sexual life gradually diminishes, physical vitality and mobility decreases, and the propensity for illness and accident increases. These changes require a sensitivity and support between husband and wife.

The death of a spouse is viewed by Duvall (1977) as a compound crisis. It brings emotional shock, sharp change in social status, often increased economic stress, and philosophical

challenge. The surviving partner must overcome grief and its attendant painful and distressing emotions, and carry on living.

Healthy relations with children often demand redefinition as the children reach adult status and establish independence. The parent is generally removed from the advisory role and is expected to accept and respect the thoughts and decisions of the offspring, or at least not to interfere unduly. The establishment of a congenial and mutually respectful relationship between the older parent and the adult child can represent an important resource to both. The elderly parent can also find a source for expressing affection and nurturing instincts in their relations with grandchildren. The older person is also provided with a sense of continuity through these contacts (Duvall, 1977).

Duvall (1977) points out that as more individuals live longer, it occasionally falls to aging family members to care for elderly relatives. The extent to which these expectations are placed upon members of the extended family may vary according to differences in cultural and ethnic backgrounds. The aging couple or individual may be required to make medical decisions and arrangements as well as contribute their time, services, and support to their own aging parents and relatives.

Maintenance of friendship ties is considered by Duvall (1977) to be an important and often difficult task for the elderly couple. Friendships are an important resource to the older person as they can share values and experiences both current and past. However, health, financial, and transportation restrictions can seriously hamper opportunities for keeping these friendships active.

The final task for the aging family as outlined by Duvall (1977) is finding meanings in life. This may involve strengthening religious affiliations and beliefs. It may entail an examination and reassessment of the values and priorities by which the couple live. The task becomes one of reviewing past experiences and coming to terms with what life means. This task closely corresponds to those proposed by Buhler (1959), Erikson (1963), and Peck (1968) reviewed earlier in this chapter.

The Impact of Biological, Psychological, and Social Changes in Old Age

Although aging is characterized by common dynamics, each person is challenged individually to continue to master his or her techniques of dealing with life's circumstances and events. The biological, psychological, and social changes that distinguish the aging phase of life as conceptualized by various theorists are presumed to have a potential impact upon the morale of the older person. The nature of this impact is likely to be affected or reflected by the personal and social characteristics and resources of each individual.

The physical and biological changes that commonly accompany the aging process may be affected or reflected by such factors as the sex of the individual, the income and associated lifestyle of the person, his or her status of employment, and the type and level of social involvement and activity in which he or she engages. Furthermore, the individual's satisfaction with various aspects of his or her life may also influence or be influenced by physical changes.

The changes in psychological behavior that have

been associated with aging are potentially affected or reflected by such factors as level of income, education, marital status, health, ethnic origin, type and level of social involvement and activity, and subjective evaluation of various resources in the older person's life.

Factors that may affect or reflect the impact of social changes on the older person's adjustment and morale may include income, education, health, size of residential community, availability of transportation, ethnic background, marital status, satisfaction with housing, actual level of activity and social involvement, and satisfaction with social network and activity.

Summary

The theoretical perspective outlined in this chapter provides a framework for understanding the distinctive nature of the final phase of the life cycle. Some sequences of life stages and accompanying tasks and roles are commonly experienced by most individuals. Situations arise at characteristic ages that require the attention and capacities of the individual to adapt. All these situations not only challenge the individual, but also tax him. The unique circumstances of old age are marked because of the threat of crisis, lack of resources, inadequate alternatives, diminished power, qualitative change in the meaning of life, pressure of death, and the convergence of many stresses with which the individual must cope to survive and function.

Old age involves the rethinking of one's individual perception of the meaning of life, of one's identity and the retooling of capacities to meet the demands of new situations.

It becomes apparent that successful achievement of the tasks that have been postulated by various theorists would enhance adjustment in old age, and thus potentially encourage high morale. The framework provides a structure which can be useful in assessing the relative importance of the personal and social characteristics and resources of the elderly individual in acquiring and maintaining high morale. These include: age, sex, income, education, health, ethnic origin, marital status, work status, housing, availability of transportation, contact with family and friends, and activity level. The pertinence of the individual's own perceptions of his or her circumstances and resources is also indicated.

It is the purpose of this study to examine which of these factors or combination of these factors has the most influence on the morale of the aged.

LITERATURE REVIEW

The focus of this research is on the personal and social characteristics and resources of elderly people as regards their relative impact upon morale.

Developmental theory served to highlight the many changes and stresses that distinguish the final phase of the life cycle, and the consequent risk and challenge to the acquisition and maintenance of high morale in old age.

The review to follow is based upon a survey of the literature on factors that affect morale in the elderly. It attempts to include major studies in which the respondents were aged sixty and over, in a variety of physical, economic, cultural, and social situations. It begins by looking at work on the definition and concept of morale and goes on to describe studies identifying correlates of morale.

Definition and Concept of Morale

The issue of "well-being" has been central to much of the social gerontological research. Several concepts, such as happiness, life satisfaction, and morale have often been used interchangeably as labels for a general set of elements assumed to reflect this issue. Although conceptual distinctions are implied by the terminology selected, George (1979) has pointed out a need for decisive clarification in meanings.

Toward this end, the literature does provide several

distinct definitions for these terms although they do not necessarily have corresponding scales with demonstrated discriminating ability.

Happiness is distinguished by definition as a temporary, unstable mood tone. Campbell, Converse and Rodgers, (1976) define "happiness" as a transitory, elated or jubilant mood, reflecting the feeling people have toward their current state of affairs. The most frequently used definition of happiness in social sciences is provided by Bradburn (1969). He views happiness as "the extent positive feelings outweigh negative feelings, using the time referent of 'the past few weeks'".

In contrast, life satisfaction uses a long-range time perspective and refers to a cognitive assessment of one's progress towards desired goals - a comparison of one's aspirations to one's actual achievements (Campbell et al. 1976; Cantril, 1965). Therefore, conceptually, life satisfaction appears to be congruence between achieved and desired goals, and would seem to reflect the rational or logical, as opposed to emotional, sphere of mental functioning.

Definitions for morale also use a long-range time referent. However, as in happiness, morale emphasizes the affective rather than cognitive aspects of attitude. Chown (1977) states: "morale is the emotional component of a person's attitude toward his own life and may be defined as a reflection of his feelings about his past, present and future". Kutner, Fanschel, Toto, and Langner (1956) define morale as a "continuum of responses to life and living problems that reflect the presence or absence of satisfaction".

Happiness, life satisfaction and morale, as defined above, are all global concepts, referring to life as a whole rather

than to specific domains of life experience (George, 1979). They are also internal constructs, independent of the exterior conditions of a person's life (Larson, 1978).

This study has adopted the label of morale for its dependent variable because it appears to be most fitting to the perspective of old age drawn from developmental theory. As Webster's dictionary defines it, morale is one's "mental condition with respect to courage, zeal, discipline, confidence, enthusiasm, and willingness to endure hardship". The convergence of critical life changes and events that characterizes the final stage of life would seem to call upon these traits. Perhaps because of this, gerontologists frequently discuss well-being of older people in terms of morale.

As previously pointed out, these conceptual distinctions are not easily translated into measures that distinguish them. Lohmann (1977) and Larson (1978) found that data collected from measures, variously named by these terms, were highly intercorrelated and suggested that they all measure a common underlying construct. Morris and Sherwood (1977) concluded: "We might not be able to agree on the appropriate label for each of the various operationalized scales, but we can agree that, when constructed properly each of these scales do record some internally consistent piece of information about the individual." (Pp. 77)

Because the different conceptualizations and meanings of well-being have been found to yield comparable results, the following review of research on factors related to morale will include studies which have labelled their dependent variables with these various names.

Factors Influencing Morale

Age

There are few cross-sectional, longitudinal, or cross-cultural studies of morale or attitudes toward life in general among the aged. Therefore, it is difficult to determine whether morale declines with age or whether any apparent decline is accounted for by negative concomitants of aging. Systematic investigation of variations in morale or life satisfaction over wide age ranges and subgroups is lacking and consequently there is no general agreement in the literature concerning the relationship of chronological age to morale.

The majority of investigators have found a decline in morale with advancing age (Harris, 1975; Larson, 1975; Spreitzer and Snyder, 1974; Edwards and Klemmack, 1973; Palmore and Luikart, 1974; Clark and Anderson, 1967; Neurgarten, Havighurst and Tobin, 1961; Kutner et al. 1956); but other studies have shown no relationship (Lawton, 1972; Bradburn, 1969). Still other research has indicated a curvilinear association with a decline to age seventy-five or eighty and a levelling or increase after the age of eighty (Gibot, 1974).

Maddox and Eisdorfer (1962) conducted a longitudinal study of morale and found that it did not decrease with age though the group was over sixty-five to begin with and was followed only for a period of three years. Neurgarten, Havighurst, and Tobin (1961) found no relationship between age and life satisfaction, but the age range studied was fairly restricted. However, Kogan and Wallach

(1961) conducted a cross-sectional study and found that old people had more negative views of life than the young had. When youths are compared to old people, differences do emerge. Schonfield and Trimble (1967) noted that old people in Calgary were generally higher in morale than young ones. A sex difference was found in a study undertaken by Spreitzer and Snyder (1974), in that morale tended to increase among men but to decrease among women onward from the age of sixty-five.

The apparent decline in morale with advancing age reported by numerous researches appears to be a product of other negative factors which impinge on the very old (Larson, 1978). When factors for which age may serve as an index, such as decline in health, decreased income, widowhood, and reduced social activity were introduced as controls, the association between morale and chronological age disappeared in some studies (Edwards and Klemmack, 1973; Kivett, 1976; Larson, 1975).

Although there has been inconsistency in the findings with respect to morale and chronological age, subjective perception of age has been invariably associated with morale. As individuals moved from perceiving themselves as "middle aged" to "elderly" or "old", morale showed a definite decline (Adams, 1971; Phillips, 1961).

The inconsistency of findings with regards to chronological age indicates that it is, at best, a very gross index of group characteristics. It differentiates, perhaps, among broad stages of the life cycle, but explains little variance within age-

categories - at least within the category of "the elderly" (Adams, 1971).

Sex

Contrasts between the morale of older males and older females have seldom been systematically examined. Occasional studies have shown slight associations between sex and morale in interaction with other variables (Markides and Martin, 1979; Larson, 1975; Palmore and Luikart, 1972; Pihlblad and Adams, 1972; Pihlblad and McNamara, 1965). However, there appear to be no consistent sex differences in morale on any type of measure (Cavan, Burgess, Havighurst and Goldhamer, 1949; Lawton, 1972; Harris, 1975; Kutner et al., 1956; Neurgarten et al. 1961).

Two studies have shown that, although women generally reported higher life satisfaction than did men below the age of sixty-five, this tendency reversed beyond the age of sixty-five (Knapp, 1976; Spreitzer and Snyder, 1974). Men were inclined to reach their high point in terms of morale during the same period when women reached their low point, aged sixty-five to seventy.

Several studies have concluded that older women have more negative self-images than do men (Pollack, Carp, Kahn and Goldferb, 1962; Gurin, Veroff and Field, 1960). McTavish (1971) concluded that the weight of the evidence suggests that women in general hold more negative stereotypes about aging than do men.

Because men and women in the middle and late years are making adjustments to different life events, and thus typically exhibit contrasting life styles, it is difficult to compare men and

women on variables such as morale or life satisfaction, or to have confidence in the validity of findings about their relative happiness. It would be more appropriate, therefore, to evaluate adjustment to specific age-related events in life such as retirement, marital satisfaction in the later years, or widowhood. But there are few studies that compare both male and female adjustments to the same social role transition.

Ethnic Origin

Moore (1971) claimed that most generalizations made about the aged are based on the study of a limited sample - primarily middle-class, majority Anglo-American; and we do not really know how much such a sample limitation constrains these generalizations.

Whether Moore's observation about study samples is correct or not, very few studies have determined the ethnic origin of their study populations and investigated the possible relationship between ethnicity and morale. In the "mosaic" society of North America it is possible that many studies have included a variety of ethnicities with inherent differences in social and cultural backgrounds amongst their participants. However, this factor was ignored in the research analyses.

When distinctions have been made they have referred to racial group contrasts (for example, black or Mexican-American) and in these studies differences in morale have been revealed between races. In a Southern California study (Ragan, Bengston, and Solomon, 1975), older Mexican-Americans demonstrated the most negative evaluations of the quality of their lives, in terms of worry

of activity which, in turn, influences positively one's level of morale. They found that education had a strong direct effect upon morale for males in their urban sample but was not significant for females. They concluded that men with higher education (and presumably more satisfying occupations) may retrospectively view their life as more successful than other men with lower education. At the same time, higher education may not be as important for older women who typically did not have an occupational career. Shapiro et al. (1973) found, in a mixed urban-rural population, that education had no direct effect on morale, but as education increased, level of participation in organizational activities increased, and so did morale.

The linkage of education and income typically found in the literature is understandable in that income usually increases as education increases; and thus a certain level of education may be more likely to provide for financial security. Education, however, may be important, in itself as a reflection of the individual's interests, motivation and priorities which could have differential effects on morale in later life.

Income

One of the most consistent findings of various researchers has been the relationship between income and morale. Income may have causative, predisposing and consequential dimensions in relation to the life satisfaction of older persons. Higher income or upper status persons seem to possess a configuration of advantages associated with their greater financial resources: better health, extended longevity, independent living arrangements and better housing.

All of these personal advantages facilitate independent living into advanced old age for persons of advantaged status compared to lower income status elderly who suffer the decrements associated with aging not only earlier but more severely.

Numerous studies have established that old persons of lower income status tend to have lower morale. Gruenberg's Syracuse study (1960, 1961), the San Francisco study of Lowenthal et al. (1967), the investigation of older subjects in England by Kay, Roth and Beamish (1969), the Kips Bay-Yorkville study of Kutner et al. (1956), and the Nova Scotia project of the Leightons (1968) are among the studies which document such an association.

Lower income elderly tend to exhibit less satisfaction or happiness, even when health and other relevant factors such as employment, marital status, and family size are controlled (Alston and Dudley, 1973; Gurin, Veroff, and Feld, 1960; Streib, 1956; Larson, 1978). Of all the socioeconomic characteristics that might be considered relevant contributors to reported life satisfaction or morale, Edwards and Klemmack (1973) note that family income was the single most important determinant of morale and life satisfaction. Further they found that when socioeconomic status was held constant many independent variables frequently found to be statistically correlated with life satisfaction became nonsignificant or were eliminated altogether.

However, in support of the argument that subjective evaluation is an important determinant in an individual's outlook upon life, satisfaction with standard of living was found to be a substantially stronger predictor of morale than objective indicators

of socioeconomic status (Spreitzer and Snyder, 1974; Medley, 1976).

Health

One of the strongest correlates of morale in studies of older people has been that of physical health. Physical impairment or limitation may undermine and lower the ability to cope with current situations for the older individual.

Of the studies reviewed, the most objective health measures produced the weakest association between health and life satisfaction or morale. These studies utilized physicians' ratings as the method of assessing health (Palmore and Luikart, 1972; Maddox and Eisdorfer, 1963; Jeffers and Nichols, 1961). Health ratings by physicians may have failed to assess accurately the extent to which an old person finds his or her condition painful or debilitating (Larson, 1975).

A slightly stronger association has been found by those researchers who have measured health by asking respondents to enumerate current health conditions (Maddox and Eisdorfer, 1962; Pihlblad and McNamara, 1965).

However, the most subjective measures of health resulted in the strongest association between health and morale. Studies which asked the respondent to evaluate his or her own health (through questions such as: "would you say that your health is very good, good, average, poor, very poor?"), explain a greater percentage of the variation in morale than did more objective measures of health (Edwards and Klemmack, 1973; Palmore and Luikart, 1972;

Spreitzer and Snyder, 1974; Loether, 1967; Tornstam, 1975; Medley, 1976).

Marital Status

Several studies have examined the significance of marital status for morale and life satisfaction. Researchers have hypothesized that the marital relationship is intensified or re-activated during the latter stages of a person's life, compared to occupationally oriented years (Rosenmayr and Kocheis, 1963). Furthermore, marital relationships are likely to be extremely important to older persons for emotional support as their children establish independent lifestyles and their nonfamily social network diminishes with age (Stinnett, Carter, and Montgomery, 1972).

A positive relationship has been shown between married status and life satisfaction. In general, older people who are married have higher morale than the divorced, widowed or separated (Gubrium, 1974; Pihlblad and Adams, 1972; Kutner et al. 1956). However, older people who have remained single also show higher morale.

Gubrium (1974) in a study of 210 persons between the ages of sixty and ninety-four, researched the relative effects of marital status on morale. An interesting finding was that single persons reported themselves happier than married persons. Gubrium suggested that elderly singles experience less change during old age, for example the disruption of losing a spouse. Married persons anticipate future desolation while single persons have less to lose.

Gubrium's (1974) study also showed that recent widowhood or recent divorce was associated with lower morale than

was being widowed or divorced for a long time or being married or being single. He concluded that loss was a stronger predictor of low morale than was isolation. Townsend (1957) reported that unmarried elderly said they were isolated but not lonely. Those saying they were most lonely were recently bereaved.

There has been some suggestion that widowhood has more detrimental impact upon morale of men than women (Pihlblad and McNamera, 1965). In a study including only women there was no relationship between loss of a husband and morale (Morgan, 1976). The bereavement of the surviving husband may require greater life-style changes since he must begin to manage all household affairs for which neither his previous life experiences nor his self-image prepare him (Berardo, 1970).

Older widows may find some compensation in having a rather large potential group of other widows who might provide companionship, while widowers are likely to find no such group available to meet their emotional needs (Kalish, 1975).

Some research has found that the strength of the association between marital status and morale is reduced when socioeconomic status is controlled (Hutchinson, 1975; Larson, 1978; Spreitzer and Snyder, 1974; Edwards and Klemmack, 1973). Hutchinson (1975) examined the relationship between morale and marital status among lower-income and poverty-level elderly. He found that the lower the income of the person, the lower the self-reported happiness and feelings of satisfaction with life, regardless of marital status. Below the poverty level, marital status appeared to make no difference to morale.

Other factors have been found to qualify the relationship between morale and marital status. Poor health among women strengthened the association between widowhood and low morale (Morgan, 1976); while having a confidant reduced or eliminated the impact of widowhood on morale (Lowenthal and Haven, 1968).

Few studies have investigated the association of subjective evaluation of marriage to morale and life satisfaction. Two exceptions did find a relationship between marital satisfaction and morale (Lee, 1978; Medley, 1976). Lee (1978), using a sample of 258 married males and 181 married females found that satisfaction with marriage had an effect on morale for both men and women but was more significant to morale for wives. In a sample of 109 males and 192 females, Medley (1976) found that marital satisfaction made the greatest single impact on life satisfaction for both sexes. These studies pointed out that the quality of marriage is as important as the fact of being married for morale.

Work Status

Retirement has long been considered a crisis (Mack, 1958; Maddox, 1970) because work occupies so much time and provides such varied rewards including income, opportunities for social interaction and a basis for self-esteem. People who continue to work into old age nearly always score highly on inventories inquiring into morale, happiness and life satisfaction (Carp, 1968). Those who are deeply involved in their work continue working as long as they possibly can (Atchley, 1971; Fillenbaum, 1971; Johnson and Strother, 1962; Roman and Taietz, 1967). Being employed was found to relate positively to morale among the very old (Thompson,

1973) among men with physical disabilities (Thompson, 1973) and among persons unable to find other things to do (Thompson et al. 1960).

Although several studies have shown that morale declines at retirement (Edwards and Klemmac, 1973; Harris, 1975; Jaslow, 1976; Kutner et al. 1956; Palmore and Luikart, 1972; Pollman, 1971; Streib and Snyder, 1971; Thompson et al. 1960) not all have found this (Preston, 1967); furthermore, Streib and Schneider (1971) discovered in their longitudinal study that low morale was a long term condition and was not due to the effects of retirement.

The relationship between morale and retirement is apparently influenced by a number of circumstances. For example, poor health is the main cause of voluntary and early retirement (Osborn, 1971; Pollman, 1971; Steiner and Dorfman, 1957; Townsend, 1957). Tuckman (1956) found that voluntary retirement was in fact forced on people by loss of health, and was resented as much as compulsory retirement. The idea of retirement impact causing ill-health, because of its threat to self-esteem, has been disproved by Emerson (1969) and Streib and Schneider (1971), for both noted that in many instances, health actually improved after the stress of work was removed.

When health, physical disability, age, and income were controlled in a large cross-sectional sample of men (Thompson 1973) and a sample of women (Jaslow, 1976) a slight significant relationship between morale and retirement still existed but the degree of the association was reduced.

Some studies have found that the detrimental impact

of retirement upon morale does not hold for women (Loeb et al. 1963). Retirement from the labour force may be less traumatic for women than for men, because a woman has effectively retired once before from her primary family role as mother and thus by the age of sixty-five has already negotiated a more or less successful transition. Direct support for this assertion comes from several sources including data from the Social Security Administration's 1963 Survey of the Aged which documents that a higher percentage of older women than older men voluntarily retire from the labour force. Moreover, married women retire more frequently at earlier ages than do single women, suggesting that married women may be retiring on the occasion of their husband's retirement (Palmore, 1965). Women tend to hold lower work and achievement commitment than do men at all ages, and this is true for working women as well as for those not working (Cyrus-Lutz and Gaitz, 1972).

Perceived deprivation associated with work loss has been shown to be associated with decreased life satisfaction (Simpson, Back and McKinney, 1966). The self-rated importance of work appears to be a measure of the salience of work and personal satisfaction associated with work (Atchley, 1971); therefore, difference in the salience of work can be expected to influence the relative impact of work loss upon morale.

The nature of employment has also been shown to influence the relationship between retirement and morale. Stokes and Maddox (1967) found that white-collar workers were initially more dissatisfied after retirement than blue-collar workers, but after ten years the positions were reversed and the white-collar retirees were more satisfied than the blue-collar retirees.

Simpson, Back and McKinney (1966) suggest that persons in upper status occupations (for example, professional and managerial) are least likely to want to retire because the non-monetary satisfactions of work that constitute their primary rewards for working are not easily found in substitute retirement activities. Despite such reluctance to retire, retirees from upper level occupations still have the best retirement experiences because they have ample income resources and generally good health status. In contrast, mid-level occupation retirees are the most responsive to the idea of retirement before the fact, though their actual experience is less satisfactory than that of the upper level retirees and is closely associated with the perceived adequacy of income and health status. Persons from the lowest level occupations seem essentially resigned to the inevitability of retirement and they tend to make few plans for it. Their actual experiences with retirement are the least satisfying and they are far more likely to hold negative views after the fact than either of the higher occupational levels.

Emerson (1969) found that blue-collar workers experienced both boredom and depression upon retirement. The depression passed, but the boredom remained. It would seem that feelings of usefulness and involvement help adjustment to retirement, whereas feeling useless leads to low morale.

Simpson and McKinney (1966) reported that having a number of interests helped to maintain involvement to some extent, but these interests were of long standing and not acquired after retirement.

Looking forward to retirement was related to adjustment to it, but only in those cases where the plans were both realistic and put into operation (Streib and Schneider, 1971). Havinghurst et al. (1969) showed that differences existed in retirement activities between professional and skilled people, and between nationalities in the western world, but all stressed the need for some meaningful activity.

Retirement frequently has consequences for the marital relationship and manifest satisfaction in later years. The impact of the husband's retirement on the wife was the focus of a study conducted by Keating and Cole (1980). Using a sample of four hundred retired teachers and their wives, they found that wives perceived several changes within their marriages. Disadvantageous changes included a sense of loss in personal freedom, too much togetherness, and too many demands on their time. However, these disadvantages were offset for many women by a new sense of purpose and being needed, and the majority reported relatively high levels of morale.

Lipman (1961) found that older women who assumed an instrumental role in the home (for example, emphasis on responsibility for home maintenance) evidenced considerably lowered morale following their husband's retirement than did women who stressed the expressive aspects of their role (for example, understanding and companionship). Keating and Cole (1980) had found that the husbands' interests took priority over the wife's household duties so that women organized their household routines around their husbands' needs, thus, greater energy was demanded in both of these

role aspects.

From these studies it would seem that retirement does constitute a potential disruption to the way of life of most people, and some reorganization of the way they satisfy their needs has to ensue. Moreover, the situation is exacerbated to some extent by a drop in income, and for some, by poor health.

Housing

The necessity for establishing a different, more appropriate pattern of life can be psychologically hazardous for many elderly people. Suitable housing is such an example. The older person may no longer need as large a home now that the children are grown and have homes of their own. Reduction of income and health status may strain the abilities of elderly people to maintain and up-grade their residences. However, many older people cling to their homes and possessions and the lifestyles associated with them. Streib (1969) has explained why giving up homes and cherished possessions is so traumatic to many older people:

" 'Part of our depression at the loss of possessions is due to our feeling that we must now go without certain goods that we expected the possessions to bring in their train. Yet in every case there remains, over and above this, a sense of shrinkage of our personality, a partial conversion of ourselves to nothingness, which is a psychological phenomenon by itself.' " (P.30).

The feeling of emotional attachment to home was found to be a strong deterrent to the decision to move in a study of rural elderly (Brundin, 1980). Though several reasons were cited for considering a future move such as poor health and physical problems, the memories and lifestyles associated with "home" seemed to provide a sense of meaning and identity for the older person. These emotions tended to predominate any practical considerations, such as health, size of house and convenience to services. The study also identified close proximity to family and lifelong friends as an important reason for older people to remain in their homes rather than contemplate a move.

In an urban sample, Langford (1962), also discovered social ties to the neighbourhood to be an important factor in keeping an older person in his or her residence. In addition, she found that while poor condition of the dwelling unit was strongly correlated with the desire to move among renters, it was unrelated to this wish among homeowners. Since poor health is associated with failure to move across the whole later life span, it may be that many will prefer up to a certain point to cope with problems of housekeeping, access, and neighbourhood decline rather than face the stress of dealing with a new environment.

Despite the strong public image of older people moving to retirement areas, as a class, older people move far less frequently than do younger adults (Brotman, 1976). Movers among the elderly tend to be separated or divorced, of low income, of less education, are renters, are in better health, and have earlier histories of mobility (Goldscheider, 1966; Gollant, 1972). Estimates of the desire to move vary widely among subgroups and with different ways the question

is posed, ranging from twenty-nine percent in a geographically dispersed sample (Langford, 1962) to eighty-one percent in a distressed urban centre (Lawton, Kleban and Singer, 1971).

The most extensive study of the consequences of "normal" moving was done by Schooler (1975), who reinterviewed three years later, over 500 movers and non-movers of a national sample of 4,000 older people. His results suggested that there was some tendency for moves to result in decreases in morale but these results were inconsistent and in a few instances increases in morale followed a move. Anticipation of moving was also associated with a mixed pattern of change in morale. Favourably perceived environmental change (especially change in dwelling unit quality) was associated with an improvement in morale. Anticipating a move and actually moving was strongly associated with a decline in morale. An even stronger association was found when the environment declined for those anticipating a move and actually moving. The association between moving and environmental change on the one hand, and morale on the other, is mediated by social relationships. That is, having a confidant reduces the likelihood of a negative effect from a change of environment.

Lawton and Cohen (1974) studied tenants in five housing sites before and twelve months after occupancy, comparing them to three groups of community residents who had not applied for planned housing. No group differences were found after one year in morale. A similar finding was obtained by Sherwood et al. (1972) in a study done on a public housing site planned to give maximum support to the elderly. The original occupants were matched to a

group of applicants who either refused occupancy when offered or who accepted but remained on the waiting list during the nine month period between preoccupancy assessment and follow-up. No difference was observed in most aspects of morale between the two groups.

Lipman (1967) studied adjustment in public housing in Miami and hypothesized that those aged living outside of housing projects would be more disengaged and dissatisfied and lower in morale than those aged living within them. He found that the only significant differences between tenants and nontenants were on morale scores. Activity did not differ significantly in the two groups. Lipman concluded, however, that old age density did not explain the higher morale of the public housing residents. Rather, he felt that the heightened feelings of self-sufficiency and independence achieved through lower rental fees and proximity to services in government-sponsored housing accounted for their higher morale.

The studies of retirement housing conducted by Sherman et al. (1969) found in California that participation and morale were higher in retirement housing than in apartments and hotels for the elderly. This implies that something other than old age concentration accounted for the findings.

In two studies comparing age-integrated and age-segregated groups in a public housing project, Messer (1967) and Rosow (1967) did not find a relationship between age mix and morale. Messer, however, found such a positive association in a subset of his subjects, and looked further for their relationships with moderating variables. When examining morale as a function of

activity level, he found no relationship between the two within the age-segregated setting, but within the integrated setting, high activity was associated with high morale. Messer saw the segregated setting as one whose age-appropriate normative system allowed tenants the option of participating or not, as they chose. In the integrated setting, low activity levels were negatively judged according to the standards set by the younger society, producing low self-esteem in the inactive person.

Teaff, Lawton, and Carlson (1973) looked at the effect of degree of age integration on morale among two thousand public housing tenants in one hundred and one sites. With a large number of personal and environmental variables controlled, high age-density was associated with high morale.

It has been suggested by various researchers that old age density, congeniality and homogeneity taken separately or in combination contribute to life satisfaction and high morale (Burgess, 1961; Proppe, 1968; Sheet et al., 1968). Furthermore, the importance of "home" to the older person has been recognized in the literature (Brundin, 1980; Streib, 1969). Few studies however, have specifically examined the influence on morale of the elderly individual's satisfaction with his or her housing in terms of physical condition, costs, maintenance problems, and comfort and convenience.

Size of Community

Some studies have pointed out that differences in several social factors among the aged are associated with variations

in the size of communities in which they live. However, very few studies have focused upon the relationship between morale and size of community.

The most extensive study of small-town elderly was conducted by Pihlblad and Rosencranz (1967, 1969) on a sample of 11,716 drawn from towns with populations of 250 to 5,000. They found that older people living in small towns, were lower in income, more likely to own homes, somewhat poorer in health and yet received less frequent medical care compared to elderly city dwellers. They had fewer service facilities and basic household amenities were more frequently missing. Their life satisfaction, however, did not differ from that found in the Kansas City urban group reported by Neurgarten, Havighurst and Tobin (1961).

Youmans (1963) and Langford (1965) revealed that rural elderly were generally more deprived than small-town elderly in income, health, health care, access to services and basic resources and housing quality.

In terms of social network contrasts, children tended to live in closer proximity and contact was found to be somewhat more frequent among urban samples than among small-community samples of elderly (Bultena, 1969; Youmans, 1966). However, contact with friends was found to be greater in small size communities (Bultena, 1969; Langford, 1962; Pihlblad and Rosencranz, 1969; Schooler, 1970; Youmans, 1963).

Differences also appear to exist with regards to formal activity. Several studies have found that organizational participation and church-related activity are associated with life

satisfaction and higher morale in non-urban populations (Edwards and Kelmmac, 1972; Palmore and Luikart, 1972; Pihlblad and Adams, 1972; Pihlblad and McNamera, 1965). However, for urban populations this relationship did not hold (Bull and Aucoin, 1975; Lemon et al. 1972).

The identification of these contrasts in various social factors among elderly living in communities of different sizes would suggest that size of community may be important to morale. It is not clear whether these intervening or associated variables explain the differences or whether community size may have some explanatory value in itself.

Transportation

As a person ages, the availability of transportation becomes critical to his or her continued involvement within the community. Bourg (1970) studied mobility patterns of the elderly in Nashville, Tennessee. He found that easy access to transportation was a crucial link in the ability of elderly persons to remain functioning members of society. Because transportation was inadequate, dependence upon others was fostered. Bourg concluded that "the elderly with low income tend to have more limited boundaries of involvement than those with high income if we control for living alone and family assistance" (P. 17).

According to Taves and Shmelzer (1970), "Transportation is still mistaken for other problems. Problems labelled nutrition or health delivery or social withdrawal are often really lack of transportation" (P. 1). Carp (1970) concluded from her study of elderly people in San Antonio, that part of the social isolation of

which retired persons complain is due to the unavailability or high cost of transportation. She found that the elderly were more likely to be driven by others than to drive themselves and this left many dependent upon others for their participation in activities.

A significant relationship between morale and the availability of transportation was demonstrated in a study conducted by Carp (1973, 1975) on a sample in Oberlin, Ohio. Over a period of two and one half years he found a greater decline in morale among persons without transportation than among those with transportation. These differences in morale were significant even when income, subjective health, age, sex and location of residence were controlled. Furthermore, the association between morale and transportation availability was markedly strengthened for people living more than one-half mile from the town core, and among this subgroup, the association was strongest for those of low socioeconomic status and those in poor health.

Several inquiries into the transportation resources of the elderly have examined modes and patterns of transportation behavior. (Bourg, 1975; Cantilli and Schmelzer, 1971; Carp, 1973; Golant, 1976; Nahemow and Kozan 1971). Fewer studies have looked into the relationship between availability of transportation and morale, and no studies were found that investigated the influence upon morale of the older person's own perceptions of the adequacy of transportation.

Social Network

One factor that has received much attention in the literature is the degree of individual involvement in viable social networks and its association with variation in morale.

Social networks have been conceptualized as sets of close interpersonal relationships (Shulman, 1975) and have been viewed as providing a link between the individual and the larger society (Shanas, 1975). It has been argued that participation in these networks may alleviate detrimental life changes by providing a sense of usefulness and contribution (Palmore and Luikart, 1972). The social network constitutes a support system in which the elderly can both seek help and provide services thus enhancing their sense of security, perception of self-worth, and their continued social competence (Bradburn and Caplovitz, 1965; Phillips, 1967).

While some studies have found a direct association between levels of social involvement and morale (Bultena and Oyler, 1971; Graney, 1975; Maddox, 1963; Riley and Foner, 1968; Roscow, 1967) others have found no relationship (Edwards and Klemmack, 1973; Lemon et al. 1972; Smith and Lipman, 1972).

One explanation of these inconsistent findings may be differences in methods used for operationalizing involvement. Two types of interaction measurements predominate in the literature. Investigators have looked at the frequency of face-to-face encounters between respondents and members of their social networks (Bultena, 1969; Conner and Power, 1975; Cumming and Henry, 1961; Reiss, 1962;

Rosow, 1967; Smith and Lipman, 1972) or have counted the number or the frequency with which different persons were seen (Jackson, 1970; Pihlblad et al. 1975; Rosow, 1967; Shanas, 1968).

A distinction has often been made between family networks and friendship networks in the research. Most studies of the family relationships of older people have concentrated on frequency of contact and exchange of aid between the generations. Kutner's (1956) early finding was that among high status older persons, low morale accompanied frequent visiting with children. Even earlier, Gravatt (1953) in a review of the literature on family relations in middle and old age, reported a finding that there was no relationship between life satisfaction and the frequency with which old people saw their children. Subsequent studies have also found that although older people may have a high amount of contact with family, frequent contact is not necessarily conducive to higher morale. In these studies, little difference was shown in the older person's feelings of loneliness or life satisfaction (Rosenberg, 1970; Pihlblad and McManera, 1965; Blau, 1973). Kerkhoff (1966) discovered that elderly couples who saw less of their children and made fewer demands were higher in morale; and women whose children lived close by had lower morale than women whose children lived far away. Rosow (1965, 1967) was of the opinion that frequent contact and aid between older people and their children may be largely ritualistic and based on obligation which is devoid of warmth and closeness.

The relationship of friendship networks to morale, life satisfaction and happiness is more conclusive. A number of studies have shown a positive relationship between interaction with friends and morale (Lemon et al. 1972; B. Phillips, 1961; D. Phillips, 1973).

Carp (1966), Hochschild (1973), Pihlblad and McNamera (1975), and Rosow (1967) found morale to be positively related to involvement with friends. Their common conclusion was that, whereas family ties are many times characterized by a dissimilarity of experience and an unequal exchange of aid, friends normally relate to each other through common interests, and generally are equal in their ability to exchange assistance. Hochschild (1973) suggested that friendship fosters a sense of "belonging". Hess (1972) observed that friendships are bound by egalitarian norms and reciprocal exchange of affection and material assistance. The relations between elderly people and their children, on the other hand, can be unequal with the older person losing the supportive role and taking on one of dependency (Brim, 1968; Martin, 1971). The inability of the aged person to reciprocate for the services provided by the child can lower morale (Hochschild, 1973; Kent and Matson, 1972; Marris, 1965).

Some researchers have considered that the underlying distinction between these two social networks is that family interaction is obligatory whereas friendship interaction is voluntary. (Arling 1976; Rosow, 1965, 1967). Blau (1973) contends that because of this difference, it is peer friendships not filial relationships that determine morale in old age.

These conclusions, however, are largely theoretical and inferred from the data. While the family role has been of considerable debate, the heavy reliance upon frequency of contact and number of contact measures reduces confidence in the findings. It may be that satisfactory contact with family is not reflected by these

measurements. The quality of social interaction may be of more significance to morale, and distinction between family and friends, misses the fundamental issue which is the nature and character of the relationship.

The criticism has also been raised by Lowenthal and Haven (1968) and Palmore and Luikart (1972) who are concerned with confidant relationships, including members of the immediate family as confidants. Lowenthal and Haven found a significant correlation between morale and intimacy of interaction (whether the elderly person had someone in whom they confided). Further, they found that changes in frequency of contact and number of contacts, had no impact on morale for persons who had a confidant. They concluded that the maintenance of a stable, intimate relationship, whether friend or family, is more closely associated with good mental health and high morale than is the amount of stability of wide-ranging social interaction. Others have made similar claims stating the quality of the interaction, not the quantity, is the more important predictor of life satisfaction or morale. (Conner et al. 1979; Lemon et al. 1972).

Conner et al. (1979) observed that although several methods of operationalizing involvement are found in the literature, specific studies have tended to use only a single method. They concluded that the inclusion of only one dimension of involvement may ignore other, more meaningful, aspects of social involvement.

After a review of current research, Lowenthal and Robinson (1977) pointed out that despite sizeable data on objective interaction, there is little research on the subjective sense of involvement and there have been few efforts to integrate these two. They therefore suggested than an ideal model framework for understanding

social networks should include not only the amount of interaction but also a subjective dimension of social involvement as well.

Activity

The importance of activity for older people has been discussed by many. The elderly usually have a greater amount of discretionary time than do adults in the earlier stages of life. Many researchers have viewed leisure roles important for sustaining morale since they can serve as a channel for acquiring feelings of self-worth and self-esteem (Atchley, 1977; Havighurst, 1972; Lemon et al. 1972).

It has been shown that elderly men and women tend to remain interested in the activities they enjoyed in early adulthood, and they change these interests only when necessary. Changes that do occur consist mainly of a gradual narrowing down of interests rather than a radical change in pattern, and a shift toward more sedentary forms of recreation (De Carlo, 1974).

Common leisure activities of older people have been found to include reading, writing letters, listening to the radio, watching television, visiting friends and relatives, sewing, gardening, travelling, playing cards, going to the theatre or movies, and taking part in the activities of civic, political, or religious organizations (Beverly, 1975).

The relationship between level of activity and morale has been the subject of much research.

In an investigation of 500 individuals aged sixty years and over in Manhattan, Kutner et al. (1956) found a positive relationship between level of activity and morale. However, thirty

percent of those reported low levels of activity were high in morale, while twenty-five percent of those who were highly active had low morale scores.

A similar finding was obtained on a sample of 182 volunteers at Duke University who were sixty years or more (Maddox and Eisdorfer, 1962; Maddox, 1963). A positive association was found between activities and life satisfaction with some exceptions also observed. That is, there were some individuals with high morale who were not active.

In a ten year follow-up study of 127 of the volunteer participants in the Duke studies, Palmore (1972) found no significant overall decrease in activities or morale among men and only a small decrease among women. This was interpreted as evidence contrary to the commonly held assumption that most people become less active as they age. Palmore suggests that in normal aging, people "tend to compensate for reductions in some activities or attitudes by increases in others or to compensate reductions at one point in time with increases at other times". (P. 340).

In Palmore's findings, changes in attitudes were positively correlated with alterations in activities such that a reduction in activities was a concomitant of decreased morale and vice versa. As might be expected in any longitudinal study of older subjects, the surviving participants were a psychosocial and physically elite group and tended to become more exceptional over time.

In a large Massachusetts city, Schooler (1968), found that morale was positively associated with participation. This was true for the subgroup of older men who lived in neighbourhoods that

were relatively distant from services such as transportation, the library, and major shopping centers. Rosow (1967), studying apartment dwellers in Cleveland, also found no simple decline in activity among the aged. Among the active aged only, old age density was associated with high morale.

In contrast to these findings, the Kansas City study of adult life conducted by Cumming and Henry (1961) reported that decreased activity is associated with maintenance of morale. Interviews covering aspects of the respondents' life patterns as well as attitudes and values were conducted on a sample of 130 subjects. Assessments of activity were based on the intuitive judgement of the investigators from verbatim reports of the respondents' daily round of activities. Morale was determined by attitudes toward old age, illness, death, immortality, loneliness, boredom and self-image. The sample represented middle and working class subjects, but were considered to be biased toward the middle class in this age group. It was from these findings that the disengagement theory was postulated, with subsequent modifications and reservations (Carp, 1968; Cumming, 1963; Havighurst, Neurgarten and Tobin, 1964; Henry, 1964; Lowenthal and Boler, 1965; Maddok, 1966; Palmore, 1965; Tallmer and Kutner, 1969).

Havighurst, Neurgarten and Tobin (1964) elaborated on the work of Cumming and Henry (1961) and made the observation that personality rather than age per se was the determining factor in the relationship between activity and morale. Specifically, they found that the active person with an ego-integrated personality is more satisfied.

In general, the number and variety of activities engaged in have been found to decline with advancing age, even though an interest in them may persist (Toseland and Sykes, 1965; Havighurst, 1973). The adjustments in old age have been found to be markedly influenced by whether changes in activities are voluntary or involuntary. Data has indicated that if an individual has been active and involved throughout life and if the environment continues to provide opportunities for similar involvement, then higher levels of morale result in old age (Neurgarten and Hagestad, 1976). They have concluded that morale is a function of the degree to which an individual can maintain patterns of activity and involvement throughout life.

Carp (1968) found that reduction in activity was a selective process taking place separately for work, volunteer services, and leisure pastimes. Lemon, Bengston and Peterson (1972) drew attention to the fact that morale was only affected by loss of activity salient to the individual and moreover that there was often an element of choice in what was given up.

Though there is evidence that voluntary withdrawal from activity is not harmful to morale, activity reduction that is forced upon the individual whether by poor health, disability, widowhood, retirement or low income does adversely affect morale (Lowenthal and Boler, 1965; Tallmer and Kutner, 1969). Tobin (1965) commented that some people reduce activity voluntarily, but others wish to retain a high level of activity. A study by Lowenthal (1965) suggested that people who were less active and reclusive all their lives did not suffer when they were inactive in old age, presumably they were continuing a long-held pattern of life.

Cumming and McCaffrey (1961) found that satisfaction with current life varied according to readiness for reduction in activity and actual activity. Morale was high only where there was congruence between these two factors.

Various measures of activity have been applied as predictors of life satisfaction and morale among older persons, ranging from total activity indices (Palmore, 1968) to more specific measures of different kinds of activities (Larson, 1978). A common practice has been to distinguish between formal (activity within voluntary organizations) and informal (activity outside the boundaries of a formal organizational structure). Studies which have focused specifically on participation in voluntary associations have hypothesized that membership in these groups can offer many potential benefits for older people. Specific group activities may themselves be gratifying, and the group can offer social integration to compensate for lost roles due to retirement and widowhood, for example (Rapoport and Rapoport, 1975).

Consistent with this perspective are the findings of Pihlbrad and McNamera (1965) which show that membership in voluntary organizations is related to higher morale or life satisfaction. Numerous other studies (Jeffer and Nichols, 1961; Kutner et al. 1956; Palmore, 1968) which employ comprehensive activity inventories including participation in voluntary organizations also point to the same relationship. Markides and Martin's (1979) analysis revealed that activity was important to the morale of older people both directly and by playing an important mediating role between health, income and education.

However, in a longitudinal study conducted Cutler

(1979) membership in various organizations and voluntary associations appeared to provide the least amount of satisfaction for persons of all ages in his sample which included respondents aged forty-six to seventy years.

It has been suggested that voluntary associations may attract the healthier, more active, and better adjusted individuals (Wilensky, 1961; Riley and Foner, 1968; Trela, 1976; Taitz, 1976;) since the isolated and disadvantaged are not likely to participate. Studies have found that older people who belong to voluntary associations have typically had been "joiners" throughout their lives and relatively few became so in old age to compensate for other activity losses (Lowenthal and Robinson, 1976).

The importance of membership in voluntary association by the aged was investigated by Ward (1979) in terms of the meaning and consequences of their participation with the group. Overall, involvement in groups had little effect on morale after health and socioeconomic status were controlled. Certain passive and socializing activities, such as card-playing, seemed less "meaningful" for their participants, while more active involvement, such as volunteer work, was related to feelings of achievement, creativity, and service to others. Type of activity and reasons for participation bore little relationship to overall satisfaction, however, since they largely reflected health and socioeconomic status. It becomes questionable, therefore, whether the involvement of older people in voluntary organizations has any net or independent consequences for life satisfaction or morale beyond the social characteristics of members.

Therefore, while older people who are active in

voluntary associations have generally been shown to have higher morale, this is apparently because they also have better health, higher income, and more education (Rile and Foner, 1968; Cutler, 1977). Bull and Aucoin, (1975); Cutler, (1973) and Edwards and Klemmach (1973) demonstrated that participation in voluntary organizations has much weaker relation to well-being when controls for health and socio-economic status are introduced. When socio-economic status was used as a control (Cutler, 1977) the relationship was reduced to substantive and statistical nonsignificance. Similarly, for the data of Lemon et al. (1972) the correlation of formal activity and well-being became insignificant when people in poorer health were not included.

An analysis of research studies relating to religious activities in old age has provided some evidence of greater interest in religion with advancing age and some evidence of declining interest. Instead of a turn to or away from religion in old age, most people carry on the religious beliefs and habits formed in earlier life (Blazer, 1976; Blank, 1971; Covalt, 1965).

The relationship between church attendance and personal adjustment in old age may be affected more by the social experiences the church offers than by the religious experiences. The church offers opportunities for social life and companionship, thus satisfying the older person's need to belong and to feel useful, and it minimizes feelings of loneliness (Blazer, 1976; Moberg, 1978).

There is evidence that the quality of church membership is important to morale in old age rather than membership per se. Those who joined voluntarily when they were younger and who have been active participants tend to be better adjusted in old age and of higher

morale than are those whose interest and activity in religious organizations have been limited (Blazer, 1976; Moberg, 1978).

Whatever the reason for interest in church attendance and participation in religious organizations, there is evidence to suggest that these contribute to good adjustment, and, in turn to higher morale in old age (Blazer, 1976; Guinan, 1972; Moberg, 1978).

The literature indicates that activity in and of itself often produces discrepancies or no correlation at all with morale (Bull and Aucoin, 1975; Havighurst et al, 1964; Maddox and Eisdorfer, 1962; Maddox, 1963; Lemon et al., 1972; Kutner et al., 1956; Palmore and Luikart, 1972). Lemon et al (1972) asserts that the degree of association with morale of informal activity exceeds that of solitary activity which in turn exceeds that of formal activity. These follow the assumption that the more intimate the type of activity the higher one's life satisfaction. Mancini (1978) found that it is the satisfaction with leisure rather than the activity per se that is substantially related to morale.

The primary focus of Mancini's research was upon respondent perceptions of satisfaction with leisure. Those persons who felt more satisfied with the way they spent their leisure time and who felt that present leisure activities met their needs tended to report higher morale. Furthermore, this relationship was fairly resistant to the effects of income and self-rated health. It was suggested that satisfaction with activity may have an impact upon morale regardless of monetary resources or health status.

As has been observed in the case of several variables reviewed earlier in the chapter, it appears that the subjective measure

is a stronger determinant of morale than is the objective measure and is capable of revealing significant, and possibly, more consistent findings. It would seem that, ideally, the concept of activity should include not only a quantity dimension, but also a quality dimension potentially tapped through subjective evaluation by the respondents.

Conclusion

Based on the review of literature, certain personal and social characteristics and resources seem to be related to the morale of the elderly. This investigation endeavours to contribute to the overall body of research by inquiring into which factor or combination of factors is the best predictor of morale.

RESEARCH DESIGN

In this chapter a description of the study population, data collection procedure, and data analysis is presented. The primary purpose of this study was to investigate the relative influence of personal and social characteristics and resources on the morale of older people. The set of independent variables included objective data: age, sex, income, education, work status, marital status, country of origin, size of residential community, frequency of contact with social network (including family, friends, and neighbours), and level of activity (excluding visits with family, friends, and neighbours); and subjective data: self-assessment of health, satisfaction with housing, perceived adequacy of income, perceived adequacy of transportation, satisfaction with social network contact, and satisfaction with type and level of activity.

The data was collected in a series of in-depth interviews conducted with 326 persons aged sixty-five years and older, from the fall of 1979 to the spring of 1981. Three hundred and thirty-five persons were actually interviewed, however, nine cases did not meet the age criteria and were therefore excluded from this study. Family Studies' classes were trained in interview techniques and each student was assigned to interview five people, at least three of whom were not institutionalized. The interview was usually conducted in the respondent's home, and was of approximately two hours duration.

The interview instrument was designed by Dr. Norah Keating to investigate the needs and resources of older people. The

questionnaire included items on factors which might be related to morale.

Study Population

The median age of the study population was 73.6 years with a range from sixty-five to ninety-six. The ages were categorized into four groups with thirty-four percent (N=111) in the sixty-five to sixty-nine year old age group; twenty-four percent (N=78) in the seventy to seventy-four year old age group; nineteen percent (N=62) in the seventy-five to seventy-nine year old age group; and twenty-three percent (N=75) in the eighty year old and over group.

Women comprised sixty-six percent (N=225) of the sample, and men thirty-four percent (N=111).

Income was reported in terms of yearly family income (self and spouse) and was categorized into four levels. Forty-eight percent (N=156) reported an income of less than \$10,000; thirty-three percent (N=107) reported an income of between \$10,000 and \$19,999; five percent (N=18) reported their income between \$20,000 and \$29,999; and three percent (N=9) fell into the \$30,000 and over income bracket. Eleven percent (N=36) did not reveal their level of income.

The education level of the respondents was broken down as follows: three percent (N=10) had received no formal education; thirty-six percent (N=119) had graduated from public school; thirty-four percent (N=109) had graduated from high school; and twenty-seven percent (N=88) had attended university or trade school.

Marital status was divided into married and not married categories because the number of divorced, separated and never married respondents were judged insufficient to allow a finer distinction. Two percent (N=7) were divorced, one percent (N=6) were separated, and four percent (N=13) were never married. These individuals, were grouped with widowed respondents into the non-married group, which represented fifty-two percent (N=169) of the study population while married persons (including some married to each other) represented forty-eight percent (N=157) of the sample.

Eighty-four percent (N=274) of the respondents did not work at all for salary, that is, they were retired or housewives. Seven percent (N=22) reported they were working full-time (thirty-five hours a week or more) and eight percent (N=28) reported they were working part-time (less than thirty-five hours per week).

Country of origin was defined in terms of the country in which the respondent lived most of his or her life up to the age of thirty. Fifty-nine percent (N=192) had lived in Canada; twelve percent (N=39) had lived in the United States; fourteen percent (N=45) had resided in Britain; nine percent (N=31) had lived in Western Europe; three percent (N=10) had lived in Eastern Europe and two percent (N=9) were from a country that was not specified.

As to the size of the community in which they currently resided, nine percent (N=22) of the study population lived in a rural area while the majority lived in urban settings. Ten percent (N=34) lived in a village of less than 5,000 people; ten percent (N=35) lived in a town with a population between 5,000 and 29,000; and seventy-one percent (N=234) lived in a city of over 30,000 people.

Representativeness of the Sample

A comparison of the foregoing sample characteristics to those of the overall Canadian population of elderly (Statistics Canada, 1979) would suggest that the sample is fairly representative and, therefore, the findings may be considered more or less generalizable.

The study population was comprised of 34% males and 66% females. This compares to a sex composition of 43.1% males and 56.9% females in the Canadian population for those over the age of sixty-five.

In terms of marital status, 50.2% of the study sample were married or separated whereas the Canadian population statistics show 56.8% of the elderly are married or separated. Single respondents comprised 4.2% of the sample compared to 9.9% in the Canadian population. Divorced participants in the study totalled 2.1% compared to 1.1% in Canada, and the widowed represented 43.6% of the sample compared to 37.5% revealed in the Canadian statistics.

A comparison of marital status by sex shows that in this study 74.5% of the males were married and 25.5% of the males were not married. This compared to 74% and 26% respectively in the Canadian population. Married females comprised 34.4% and not married females 65.6% of the study population whereas in Canada, 39% of the females over sixty-five are reported to be married and 61% not married.

The education level for this sample was as follows: 10.4% with university degree, 7.2% with some university, 22.1% with secondary or post secondary non-university, and 60.3% with elementary

education. In Canada, the level of education for those over sixty-five is shown to be: 2.6% with university degree, 4.5% with some university, 34.1% with secondary or post secondary non-university, and 58.9% with elementary education.

With regards to participation in the labour force, 12% of the respondents in the study were working either full or part-time while in Canada, 12.2% of older people are revealed to be working in the labour force. Those who were not working comprised 88% of the study population compared to 87.8% in the population of Canada.

The average yearly income for this study population was proximately \$8,750.00, and in Canada, the average income of the elderly is reported as \$7,489.00 per annum.

In summary, the study population would seem to have a higher proportion of females to males and a slightly higher level of education in comparison to the Canadian population of older people. It would also appear that married, separated, and never married individuals are slightly underrepresented while widowed persons are somewhat over represented. In general, however, the composition of the study sample may be considered reasonably representative of those aged sixty-five and older in the overall Canadian population.

Instrumentation

Those sections, of the questionnaire used to study the needs and resources of the elderly, which pertain specifically to this investigation of morale and its determinants are included in Appendix A. They are the sections that provided data on the independent variables listed above and on the dependent variable, morale.

Morale Instrument

The scale items used in this study are patterned after the Philadelphia Geriatric Centre Morale Scale, although several different scales have been developed to measure morale, life satisfaction, and happiness. The variety of scales available include: (1) single item measures of happiness (Kivett, 1976) and life satisfaction (Spreitzer and Snyder, 1974); (2) the Bradburn Affect Balance Scale (Bradburn, 1969); (3) the Life Satisfaction scale from the Cornell study of retirement (Thompson et al., 1960); (4) the Kutner Morale Scale (Kutner et al., 1956); (5) Havighurst and Albrecht's scale of happiness (1953); the Cavan Adjustment Scale (Cavan et al., 1949); and others. Lohmann (1977) found that there was a high degree of correlation amongst these measures when they were applied to the same population of elderly persons. Thus, she concluded that many of these measures are directed towards a common underlying construct.

The Philadelphia Geriatric Centre (PGC) Morale Scale (Lawton, 1972) was selected in preference to other scales because it was specially designed for use with an elderly population, and has been used in a number of gerontological studies.

The PGC Scale views morale as a series of inter-related parts that can be measured by self-report items. The original scale consisted of twenty-two items with a dichotomous response (positive vs. uncommitted/negative). These items conceive morale in terms of (a) sense of satisfaction with self, (b) feeling that there is a place in the world for self, (c) acceptance of what cannot be changed. The reliability of the scale has been found to range from .91 (at five weeks) to .75 (at three months). An acceptable .57 correlation between PGC Scale scores and respondents' life satisfaction ratings (using the LSIA Scale) indicates that the scale is valid.

Recently the PGC Morale Scale was revised to exclude five items because of their dubious face relationship to morale. They were considered to be related to morale but not integral components of it (Lawton, 1975). When the revised version of the scale was applied to several types of elderly populations, it was able to discriminate between high and moderate to low morale in each.

For the purposes of this study, a nine item refinement of the PGC Scale was utilized, as shown in Appendix A, Section 1. These items were adapted from the PGC Scale by Dr. Daryl Slover (1981) of the School of Social Work, Syracuse University, New York. They are designed to cover the characteristics by which morale is usually defined, including previously mentioned states such as courage, discipline, confidence, enthusiasm, and willingness to endure hardship.

Slover's nine point scale was tested for reliability and validity with acceptable results (Slover, 1981). This would be expected, since there is generally a high correlation between parent scales and scale modifications intentionally modelled after them (Lohmann, 1977).

Objective Data Instruments

The objective data instruments are shown in Appendix A, Section 1 and 3. Objective data was derived from both single item questions and scale measures. The following information was collected from single item questions:

- (1) Age (five year categories from age sixty-five);
- (2) Sex;
- (3) Income (per annum by \$10,000 categories);
- (4) Marital status (married and non-married groups);
- (5) Work status (full-time, part-time, not working);
- (6) Education (none, public school, high school, university or trade school);
- (7) Ethnic origin (country where most lived up to the age of thirty);
- (8) Size of residential community (rural: farm; village: less than 5,000 population; town: 5,000 to 29,999 population, and city: more than 30,000 population).

Two scale measures were used to collect objective data regarding frequency of contact with social network and level of activity:

(1) Frequency of contact with social network: eight items were included to measure contact with family, friends, and neighbours on a daily, weekly, or monthly basis. Contact was distinguished as either, face-to-face, telephone, mail, or sharing of living quarters. Three level responses were provided indicating high, intermediate, or low frequency of contact.

(2) Activity level: Eleven items were included to measure activities apart from visiting with family, friends, and neighbours. The list of activities contained shopping, religious or club meetings and events, travel, yardwork, walking, dining out, public entertainment, hobbies, and paid or volunteer work. Three level responses were provided to indicate weekly, monthly, yearly or less than yearly participation in these activities.

Subjective Data Instruments

The subjective data instruments are shown in Appendix A, Section 3. Subjective data were derived from six scale measures designed to evaluate satisfaction and related aspects of several independent variables:

(1) Health: Five items were included to measure respondents' self-evaluation of his or her health compared to past health of other older people, and whether health placed any limitations or restrictions on activity. Dichotomous responses allowed the respondent to assess his or her health in a positive or uncommitted/negative light.

(2) Adequacy of income: Five items were included to measure such considerations as whether income was adequate to cover basic

expenses, whether it allowed for some luxuries such as entertainment, etc., and whether increased financial resources would make life happier. Dichotomous responses were supplied which allowed the respondent to express a positive or uncommitted/negative assessment of the adequacy of income.

(3) Adequacy of transportation: Four items were included to measure physical mobility, availability of transportation, and satisfaction with transportation resources, etc. Dichotomous responses were provided enabling the respondent to rate his or her opportunities to get out and around as either positive or uncommitted/negative.

(4) Housing: Seven items were included to measure such considerations as physical condition of residence, attachment to residence, comfort and convenience, costs, maintenance, etc. Dichotomous responses were supplied allowing the respondent to express a positive or uncommitted/negative view of his or her housing arrangements.

(5) Satisfaction with social network contact: Nine items were included to measure satisfaction with contact with family, friends, and neighbours. Dichotomous responses were provided indicating a positive or uncommitted/negative assessment of social network contact.

(6) Satisfaction with activity: Nine items were included to measure whether the respondent was busy enough, felt active in the community, and was doing what he or she really enjoyed, etc. Dichotomous responses allowed the respondent to express a positive or uncommitted/negative view of their activity level and the desirability of the types of activity that he or she was involved in.

Data Analysis

Discriminant analysis was selected as the statistical technique to test the ability of the independent variables listed above to distinguish between the group of elderly individuals reporting high morale and those reporting moderate to low morale. The objective of discriminant analysis is to weigh and linearly combine the variables that measure characteristics on which the two morale groups are expected to differ so that the two groups are forced to be as statistically distinct as possible. The extent to which the independent variables are able to maximize the separation between the two groups, in the sense of being able to tell them apart, indicates their importance in predicting the morale of older people.

In discriminant analysis the research situation defines two or more groups to be statistically distinguished. Klecka states:

"If a research situation defines the group categories as dependent upon the discriminating variable, then the situation is analogous to the technique known as multiple regression. The primary difference is that discriminant analysis treats the dependent variable as being measured at the nominal level (i.e. groups) ... when the values on the discriminating variables are defined as dependent upon the groups, discriminant analysis becomes an extension of multivariate analysis of variance" (1980, P. 11).

Hence, the groups can be the dependent or independent variables as determined by the research question; similarly the discriminating variables can fill either position (Jeffrey, 1981).

For this research situation, the variable used to form the two groups was the variable, MORSCALE, level of morale. The median obtained on the morale scale was used to allocate the cases into two groups: (1) high morale group, and (2) moderate to low group. The median was chosen as the point of demarcation for two reasons. Firstly, it is the most stable measure of central tendency, in that it is least affected by extreme scores in the distribution. Secondly, it is more appropriate for use with ordinal scales, such as those measuring attitude, than the mean which should be used for interval-level data. (Selltitz et al., 1959).

The discriminating variables include personal and social characteristics and resources of the elderly which may be expected to account for the difference in these two groups. The conceptual framework and literature review provide the rationale for selection of these particular variables.

Discriminant analysis constructs a canonical discriminant function or linear combination of the list of variables which will maximally differentiate between the high morale group and the moderate to low morale group. The measure of group differences is an inverse, multivariate measure called Wilks' lambda (Jeffrey, 1981). A value of lambda near zero denotes a high discrimination while a lambda near 1.0 denotes no group differences.

A subprogramme of the discriminant analysis utilizes stepwise procedure to obtain a set of variables which would best

discriminate between the two groups, that is, an optimal set of discriminating variables. The process begins by choosing the single variable which provides the greatest univariate discrimination. Each variable is then assessed to see which would best improve the discriminating power of that first variable. The procedure goes on to pair the two best variables with a third and so on, until all possible variables have been selected or the remaining variables do not contribute a sufficient increment. This optimal set does not necessarily contain the variables found to be the most discriminating, individually. As variables are selected for inclusion, some variables may lose their discriminating power. This occurs because the information they contain about group differences is now available in some combination of the other included variables. Such variables are redundant and are, therefore, eliminated. (Klecka, 1975; Jeffrey, 1981; Nie et al., 1975).

The optimal set of discriminating variables is used to derive the linear combination or canonical discriminant function. This function is obtained by using the absolute contribution of each variable to the discriminant procedure. The absolute contribution is measured by the standardized canonical coefficients. Any case in the analysis can be assigned a score on the function by using the unstandardized canonical coefficient and multiplying it by the value of each standardized discriminating variable and adding together the products. A group mean for the function is then computed by averaging the scores for the cases within a particular group. For a single group, the mean on the function is called the group centroid, the average location of a case from that group in the discriminant function space. A histogram is plotted showing

the group centroids and the position of the cases along the function. A comparison of the group centroids tells how far apart the groups are along that function. Clearly distinct group centroids with the cases of each group clustered around the respective centroid denotes definite discrimination. Closeness of the group centroids without clear demarcation of the cases denotes small group differences (Jeffrey, 1981)

Discriminant analysis gives the standardized canonical coefficients which represent the relative importance of each variable used in the optimal set of discriminating variables. They are used to learn which variables contribute most to determining the scores on the function. The larger the coefficient, the greater is that variable's contribution. The sequence in which the variables are selected does not necessarily denote their relative importance (Jeffrey, 1981); Nie et al., 1974). The sign indicates whether the variable is making a positive or negative contribution, that is, the direction of its influence.

Discriminant analysis is also a powerful classification technique. By classification is meant the process of identifying the likely group membership of a case when the only information known is the case's values on the discriminating variables. Once a set of variables is found which provides satisfactory discrimination for cases with known group memberships, a set of classification functions can be derived which will permit the classification of new cases with unknown memberships. Classification is useful in testing the adequacy of the derived discriminant functions. By classifying the cases used to derive the functions in the first place and comparing the predicted

group membership with the actual group membership, one can empirically measure the success in discrimination by observing the proportion of correct classifications. If a large proportion of misclassifications occur, then the variables selected are poor discriminators. From the classification table, one can also tell whether the errors tend to fall into certain groups, which perhaps are not as distinct as others (Nie et al., 1975).

RESULTS AND DISCUSSION

This chapter will report and discuss the results of the discriminant analysis used to investigate which variables best discriminate between high morale and moderate to low morale groups of older persons.

Of the original 326 individuals aged sixty-five years and older who were interviewed, the discriminant analysis procedure used 287 cases. Cases with missing values on the discriminating variables were excluded from the analysis. Thirty-nine cases had at least one missing value.

Variable Names

An explanation of the variable names used in the tables of results is listed below:

MORSCALE	Level of morale
MOF	Sex
BIRTH	Age
EDUC	Level of education
FIN11	Actual income level
COUNTRY	Country lived in most up to age thirty
MS	Marital Status
LIV	Size of residential community
SOCNET03	Work status
HOUSCALE	Satisfaction with housing
HEASCALE	Self-assessment of health

INSCALE	Perceived adequacy of income
TRASCALE	Satisfaction with transportation
CONSCALE	Frequency of contact with social network
SOCSCALE	Satisfaction with contact with social network
ACTSCALE	Level of activity
LEVSCALE	Satisfaction with type and level of activity

Tables and Figures

Table 1 shows the order of importance of each of the independent variables, individually, in discriminating between those older persons with high morale and those with moderate to low morale. The lowest Wilks' lambda obtained was 0.9048217; the highest was 0.9998082. Therefore no single independent variable can be considered a vigorous discriminator between the two groups.

Table 1. Selected Variables on Morale
Level with Wilks' Lambdas (N=287)

Variable	Wilks' Lambda
LEVSCALE	0.9048217
SOCSCALE	0.9088488
HEASCALE	0.9158009
HOUSCALE	0.9488348
INSCALE	0.9763903
FIN11	0.9863060
TRASCALE	0.9871670
EDUC	0.9902366
MOF	0.9908311
COUNTRY	0.9919841
CONSCALE	0.9965407
MS	0.9968990
BIRTH	0.9972547
SOCNET03	0.9983133
LIV	0.9993177
ACTSCALE	0.9998082

When the same list of independent variables is used in the SPSS stepwise procedure to obtain an optimal set of discriminating variables, there is a lowering of the Wilks' lambdas and therefore the discriminating power of the set of variables is strengthened. Ten variables are selected by the procedure (see Table 2) and the Wilks' lambda for the final step is 0.751866.

Table 2. Optimal Set of Discriminating Variables
(N=287)

Step Entered	Wilks' Lambda	Significance
1 LEVSCALE	0.904822	0.00001
2 HEASCALE	0.864634	0.00000
3 SOCSCALE	0.839872	0.00000
4 ACTSCALE	0.813523	0.00000
5 HOUSCALE	0.797596	0.00000
6 MOF	0.787980	0.00000
7 MS	0.774594	0.00000
8 LIV	0.764259	0.00000
9 SOCNET03	0.758535	0.00000
10 EDUC	0.751866	0.00000

Table 3 gives the standardized canonical coefficients for each variable used in the optimal set of discriminating variables. These coefficients show the relative importance of each variable in determining scores in the function. The larger the coefficient (ignoring the sign) the greater is that variable's contribution. Table 3 lists the independent variables in descending order of importance.

The sign denotes whether the variable is making a positive or negative contribution. This can be understood by reference to the nominal value assigned to a particular variable. The nominal values assigned are arbitrary for purposes of computer analysis and in themselves do not have actual quantitative meanings, for example, males were assigned a nominal value of 1 and females were assigned a nominal value of 2. Morale was assigned a value of 1 or 2. A value of 1 indicated high morale whereas a value of 2 indicated moderate to low morale. Therefore, with respect to the sex variable, Table 3 revealed a positive coefficient and can be interpreted to mean the higher the value of the sex variable (that is, female), the higher the nominal value of the morale variable (that is, moderate to low morale). In contrast, a negative coefficient reveals a reverse association. For example, the education variable was assigned a nominal value of 1 to 4 for purposes of the computer analysis. An individual who showed a value of 4 on the education variable, obtained a university or trade school level of education. According to Table 3, the higher the nominal value of the education variable, the lower the nominal value of the morale variable, that is, the person's morale score would be

expected to be closer to 1 which denotes high morale.

Table 3. Standardized Canonical Discriminant
Function Coefficients and Order of
Importance of Discriminating Variables
(N=287)

VARIABLE	COEFFICIENT
HEASCALE	+0.50114
SOCSCALE	+0.46565
MOF	+0.42444
ACTSCALE	-0.39440
LEVSCALE	+0.32018
MS	-0.31224
HOUSCALE	+0.31224
LIV	+0.26278
SOCNET03	-0.21376
EDUC	-0.19412

Figures 1 and 2 are histograms on which are plotted the distribution of cases along the function. Figure 1 shows the clustering of the cases belonging to the high morale group around the group centroid and Figure 2 shows the clustering of the cases belonging to the moderate to low morale group. The mean of the high morale group was -0.51727 while the mean of the moderate to low morale group was $+0.63356$. The group centroid (mean) is indicated on the histogram by the number located in the appropriate position below the horizontal axis. Figure 3 combines the two histograms to illustrate a comparative distribution. An examination of the histograms suggest that there is more of a tendency for the moderate to low morale cases to veer towards the mean of the high morale cases than vice versa.

SYMBOLS USED IN PLOTS

SYMBOL	GROUP	LABEL
1	1	HIGH
2	2	LOW
#		ALL UNGROUPED CASES

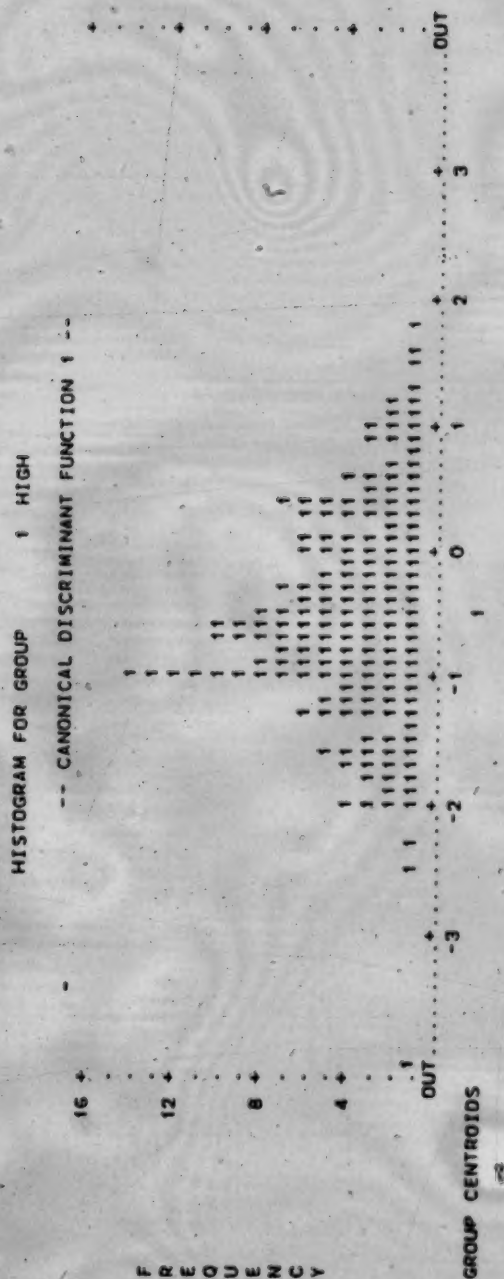


Figure 1. Histogram of High Morale Group Cases on Canonical Discriminant Function (N=170)

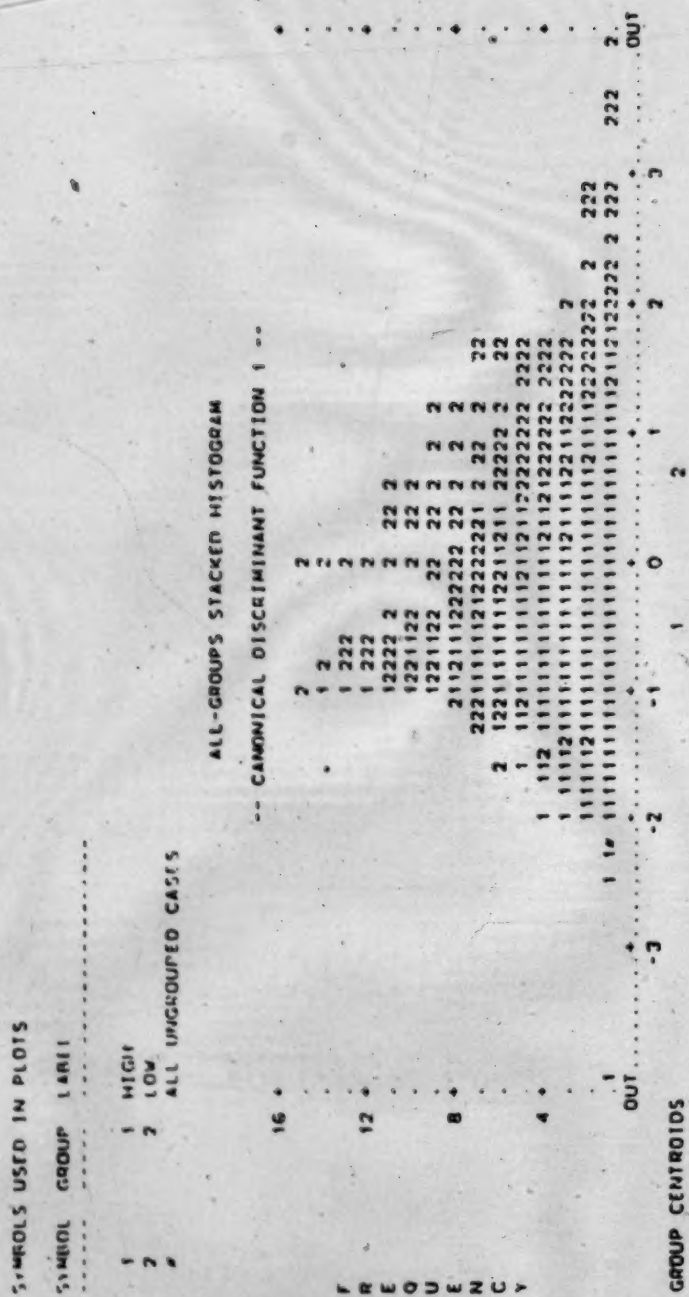


Figure 3. Combined Histogram of High Morale Group Cases and Moderate to Low Morale Group Cases on Canonical Discriminant Function (N=287)

The classification results (Table 5) indicate for each group the number of cases classified into each of the groups and the percent correct classifications for the known groups. As Table 1 has shown, each variable in the optimal set was not important individually, however, Table 5 reveals the ten variables in combination were able to discriminate between the high morale group of elderly and the moderate to low morale group. The optimal set of discriminating variables was able to correctly classify 69.57% of the cases. Within the group of elderly persons with high morale, 73.5% were correctly classified and within the group of elderly with moderate to low morale, 65.1% were correctly classified.

Table 4. Classification Results

Actual Group	No. of Cases	Predicted Group Membership	
		High Morale	Mod-Low Morale
High Morale Group	170	73.5% (N=125)	26.5% (N=45)
Moderate to Low Morale Group	152	34.9% (N=53)	65.1% (N=99)
Ungrouped Cases	1	100% (N=1)	0.0% (N=0)
Percent of "Grouped" cases correctly classified			69.57%

Discussion

The purpose of this study was to determine which factor or combination of factors was most important in predicting the morale of older people. Data was collected from a sample of individuals aged sixty-five years and older. Utilizing the median obtained on the morale scale, the study population was divided into two subgroups: a high morale group and a moderate to low morale group. The personal and social characteristics of these two groups were then compared to discover differences or similarities. The characteristics used for comparison included: sex, age, marital status, income, education, ethnic origin, size of residential community, work status, frequency of contact with social network, level of activity, perceived adequacy of income, self-assessment of health, satisfaction with transportation, satisfaction with housing, satisfaction with contact with social network, and satisfaction with type and level of activity.

It was expected that from this list of characteristics, differences would be revealed between the high morale group and the moderate to low morale group of elderly. It was anticipated that one of these variables or a subset, in combination, would emerge as the most important predictor of morale. Furthermore, it was proposed that the subjective evaluations obtained on several of the characteristics would be better predictors than the objective measures.

With 287 of the 326 cases qualifying for use in the procedure, the first result from the discriminant analysis revealed that

the characteristics of elderly individuals with high morale were not strikingly different from those of individuals with moderate to low morale. All the variables which had been expected to indicate differences between the two groups were listed with their Wilks' lambdas (Table 1). The Wilks' lambdas were high. The range was from 0.904 to 0.999, too close to 1.00, which denotes no group differences, to be considered adequate discriminators, individually. Therefore, none of the variables could be used alone to distinguish between high morale and moderate to low morale among the elderly.

When the same set of discriminating variables was subjected to the SPSS stepwise procedure to see if an optimal set of variables could be chosen from the list of characteristics which would discriminate between high and moderate to low morale groups, a set of ten variables was selected. These variables, when used in combination, lowered the Wilks' lambda to 0.751 and allowed a successful discrimination. The canonical correlation (denoting the measure of association between the groups and the discriminant function) was 0.498. The variables contained in the optimal set was shown in Table 2.

Each variable in the optimal set was not important individually, as Table 1 had shown, but the ten variables in combination were able to discriminate between the two groups of elderly with high and moderate to low morale. Table 5 revealed that the optimal set of discriminating variables was able to correctly predict the morale of 69.57% of the known cases.

The contribution of each of the variables to the optimal set, however, was not equal. The extent to which a variable is most distinct and least coordinated to the other variables reflects

the degree of discriminating power it contributes to the optimal set. In this study, although the LEVSCALE (satisfaction with type and level of activity) had been the variable first entered in composing the optimal set, HEASCALE (self-assessment of health) was the variable which provided the most information for distinguishing between the two groups. The standardized canonical discriminant function for HEASCALE was 0.50 compared to 0.32 for LEVSCALE. Therefore, HEASCALE contributed more to the discriminant function than did LEVSCALE which was actually fifth in importance. Some of the other eight variables make smaller contributions than LEVSCALE and others make greater contributions. Their order of importance is shown in Table 3.

Variables Included in the Optimal Set

X The relative significance of self-assessment of health to the discriminant function is consistent with the findings of those studies reviewed in the literature. The majority of studies found a high correlation between health and morale and, in particular, subjective evaluations of health. Developmental theory points out that the physical changes that accompany the aging process increase the older person's vulnerability to hazard and illness and, consequently, may reduce the individual's capacity to cope with the strains and stresses of living. Feelings of ill-health have invariably been associated with decline in morale. As opposed to objective assessments of health, subjective evaluations may better reveal the extent to which the individual has developed a realistic attitude and acceptance of his or her changing body. A redefinition of "comfort" and "good health" may be required by the elderly person. It is likely that successful achievement of this developmental task of old age would

encourage appropriate revisions in life-style and living strategies in order to promote health levels.

Satisfaction with social network was found to be the second most important variable in terms of its unique contribution to the discriminant function. This variable reflected the individual's satisfaction with his or her social network and was designed to tap the quality dimension of social contact. In this study, social network encompassed family, friends, and neighbours. Many previous studies have measured contact with family and contact with friends and neighbours separately using the explanation that family contact is obligatory while contact with friends and neighbours is voluntary. In this research, the choice to include all social contacts within one variable measure was based on the assumption that overall quality of interaction with people is more important than whether or not the contact is kin. Presumably satisfaction can be derived from either source of contact. It is interesting to note that the objective measure of social network (that is, frequency of contact) was of little value in its ability to discriminate between high morale and moderate to low morale groups among the elderly whereas the subjective measure did show discriminating power. This would seem to reinforce the suggestion that quality of interaction is more important to morale than quantity of interaction.

Sex ranked next in importance among the optimal set of discriminating variables. Several studies in the literature had found that of people over sixty-five, men were generally higher in morale than women. From the data in this study, however, the distinction between males and females was revealed in the amount of variation

rather than in the level of morale, with women showing more variation than men. Females were divided equally between the two morale groups whereas males tended to fall into the high morale group. This would suggest that there are other factors which would better distinguish morale group differences among females. Differences in the timing and nature of role transitions and critical life events in old age may account for the apparent dissimilarity between the sexes. One of the major role transitions for men during the final stage of the life cycle is retirement. The timing of this event is typically around the age of sixty-five and is shared by most men. For many women, on the other hand, widowhood is one of the chief critical events with which they must cope, the timing of which is individual and uncertain. It may be that widowhood is a more devastating experience for women than is retirement for men.

Actual level of activity was the fourth most important variable to the discriminant function. Of particular interest is the direction of this variable's contribution. ACTSCALE was shown to have a negative canonical coefficient. This means that higher scores of this variable are associated with lower scores on the morale variable (that is, high morale). The level of activity variable utilized a scale measure on which a high score indicated a low level of activity and vice versa. Therefore, the results obtained from this analysis would suggest that low levels of activity are associated with high morale and high levels of activity are associated with low morale. On the surface this finding lends support to the disengagement theory though this theory has been widely refuted. It would appear that the older person is desirous of a reduction in level of activity. However,

this may not represent generalized reduction but rather a selective process. The older person may prefer to withdraw from activities perceived to be trivial or less satisfying and continue to engage in activities which are viewed as meaningful. The extent to which older people are able to disengage from less preferred activities may be reflected in higher levels of morale.

This conclusion is sustained by the variable next in rank in importance to the discriminant function. Satisfaction with type and level of activity is the fifth most important variable. Though it was the first variable entered into the discriminant function, as other variables were selected for inclusion, it lost some of its discriminating power because the information that it contained about the group differences was partially available in some combination of the other included variables. The entrance of the variable measuring satisfaction with social network (Step 3 in the procedure) into the optimal set of discriminating variables coincided with a noticeable reduction in the contribution of the LEVSCALE variable. This would suggest that satisfaction with contact with social network contributes some of the information that was previously contributed by satisfaction with level and type of activity. The scale used to measure satisfaction with type and level of activity excluded visiting with family, friends, and neighbours. It is reasonable to assume that some of activities that it did include, were engaged in with members of the respondent's social network. Nevertheless, satisfaction with type and level of activity remained an important variable in the discriminant function. Its measurement utilized subjective evaluations and emphasized the quality dimension of activity.

Its contribution, once again, implied the importance of the individual's own perceptions.

Marital status was the next most important variable to the discriminant function. An association between being married and higher morale had been found in previous studies described in the literature review. In this study, as with the sex variable, the relationship to marital status referred to amount of variation rather than level of morale. A greater variation was shown among those respondents who were married as compared to those who were classified as not married. The group of not married tended to show high morale as opposed to moderate to low morale; while the married group showed an equal distribution. This would indicate that morale variation among the married category was influenced by other factors. It may be that marital satisfaction is a more important determinant of morale among the elderly than marriage per se. A new focus is placed upon the marital relationship during the last phase of the family life cycle. For healthy marriages this new emphasis may be conducive to higher morale. On the contrary, for less stable marriages, problems that may have been ignored or gone unnoticed during the occupationally oriented years, are now more likely to come to the surface and create tension and dissatisfaction within the marital relationship. This would presumably be detrimental to morale. The smaller variation in morale found among the not married group of elderly individuals may in part be explained by clearer specification of marital status. Elderly singles have been found to report higher morale than widowed, divorced, or separated. Differences have also been reported in morale between the recently widowed or divorced

and those who have had a greater length of time to make adjustment.

The seventh most important variable was satisfaction with housing. The home of the older person has been recognized as an important resource in terms of the familiarity and continuity it can represent. The memories and life long patterns that may be associated with home can foster a sense of belonging and identity, and thus contribute to higher morale. The challenge of maintaining one's long time residence, within the changing circumstances of old age, may therefore be preferred to relinquishment. If conditions such as health and income dictate a change of residence, it would seem that the advantages of such a move would need to outweigh old sentiments towards past residence in order to sustain morale. Feelings towards one's home may also be affected by practical considerations such as costs, maintenance problems, and convenience to services. If these concerns cause lowered satisfaction with the home, an important resource of the elderly person is potentially diminished, to the detriment of morale.

The size of the community in which the elderly person lived was the next most important variable in the optimal set. Those who lived in towns with a population between 5,000 and 29,999 reported the highest morale, while those who lived in cities with more than 30,000 people showed the lowest morale. It may be that those who live in towns enjoy both the intimacy of a smaller community and the conveniences of a larger city. On the other hand, the city may be intimidating to the older person with its fast pace, high rate of crime, and impersonality.

Work status was shown to be the ninth most important variable to the discriminant function. Those older people who worked full-time reported the lowest level of morale while those who worked part-time showed the highest level of morale. It is possible that those older persons who are working full-time are doing so out of necessity rather than choice. With reduced physical strength and lower levels of energy, the older person who finds him or herself in a financial position that demands continued employment and no option for retirement may well feel resentful. The need to feel a sense of contribution and usefulness may be satisfied through part-time employment. Leisure time is still available and physical stamina is not unduly strained.

The final variable that was able to make a contribution to the optimal set was education. Those who attained a higher level of education revealed the highest morale while those with no formal education revealed the lowest morale. This may, in part, be a reflection of an enhanced ability in the more highly educated person to pursue and sustain interests within the unstructured circumstance of retirement. It has been shown that interests that are developed early on in life can be helpful in maintaining high morale after retirement. It is reasonable that a higher level of education will promote diversity of interests. Education is also likely to reflect differences in financial resources.

Variables Excluded from the Optimal Set

A variable is important insofar as it discriminates between the two groups and it supplies information which is not shared

by other variables already selected in the analysis. Therefore, a variable can have more discriminating value individually than it does within a set of variables. In this study six variables were omitted during the discriminant analysis for these reasons. These include:

INSCALE	Perceived adequacy of income
FINLL	Actual income
TRSCALE	Satisfaction with transportation
COUNTRY	Country lived in most up to age thirty
CONSCALE	Frequency of contact with social network
BIRTH	Age

In view of previous findings which generally reported a strong correlation between income and morale, it is significant to note that in this study, both the subjective measure and the objective measure of income were excluded from the optimal set of discriminating variables. Although none of the sixteen variables investigated in this study were considered adequate discriminators individually, Table 1 revealed that perceived adequacy of income and actual income ranked fifth and sixth respectively in their individual discriminative ability. Presumably the information they contained was shared by other variables in the optimal set. As satisfaction with activity (Step 1) and satisfaction with housing (Step 5) were added to the set of discriminating variables, the Wilks' lambda of INSCALE (perceived adequacy of income) and the Wilks' lambda of FINLL (actual income) were increased denoting a reduction in the discriminating power of these two variables. This would suggest that satisfaction with type and level of activity and satisfaction with housing share the information contained within the income variables. It follows that persons who are satisfied with the

type and level of activity in which they participate and who are satisfied with the home in which they reside, are likely to be in a financial position that facilitates choice and permits the meeting of needs and preferences in those two areas.

With the introduction of satisfaction with level of activity to the optimal set (Step 1), the discriminating value of the variable indicating satisfaction with transportation was noticeably reduced. This would suggest that information contained within the transportation variable became largely redundant. It would be logical to assume that one's satisfaction with type and level of activity would be either improved or hampered by the availability of transportation.

When satisfaction with contact with social network was included in the discriminant function (Step 3) the Wilks' lambda for COUNTRY (country lived in most up to age thirty) was increased, representing a diminishment of discriminating power. This might indicate that differences in cultural backgrounds are accounted for by differences in expectations with regards to family and friendship interactions. The individual's ethnic background may be reflected in variations in interaction patterns and expectations.

The Wilks' lambda for CONSCALE (frequency of contact with social network) was consistently high throughout the analysis procedure. This would suggest that the discriminating power of this variable was low regardless of the entrance of other variables to the optimal set. It might be concluded that the information provided by this variable is not highly relevant to the morale of elderly people. This is an interesting finding considering the numerous studies which have relied upon frequency measures for assessing the impact of social

involvement and interaction upon the morale of the aged.

It has been suggested by several researchers in the literature that age in itself may not be a determining factor to the morale of older people but rather variation in morale may be accounted for by concomitants of aging. These suggestions were partially supported in this study by the exclusion of the BIRTH (age) variable from the optimal set of discriminating variables. This was an indication that information potentially contributed to the discriminant function by the age variable became superfluous with the inclusion of other variables, and in particular, inclusion of the objective measure of level of activity. The Wilks' lambda of the BIRTH (age) variable was conspicuously increased with the addition of the variable measuring level of activity (Step 4). This would imply that changes in morale that come with age may be accounted for by changes in level of activity. In this study, lower levels of activity were found to be associated with higher levels of morale; and a higher ratio of persons in the eighty-year and older group reported high morale, while a higher percentage of individuals within the sixty-five to seventy year age group reported low morale.

Summary

In summary, sixteen independent variables were tested for their ability to distinguish between groups of elderly with high morale and moderate to low morale. These variables included both objective and subjective measures of the personal and social characteristics and resources of 326 cases aged sixty-five and older. Utilizing 287 of the cases, the statistical technique of discriminant analysis selected ten discriminating variables in the optimal set. These ten,

in combination, were able to predict morale accurately in 69.57% of the known cases. The accuracy of prediction was somewhat better for the high morale group than for the moderate to low morale group suggesting that the high morale group was a slightly more distinct group than the moderate to low group. This may be explained by the fact that the range of scores obtained in the morale scale included maximum scores for high morale but did not include maximum scores for low morale. That is, those cases that were categorized in the high morale group obtained scores that were more extreme than those scores that were obtained by cases categorized in the moderate to low morale group.

Subjective measures were used for six of the sixteen independent variables with the underlying assumption that the individual's perception of his or her circumstances may be of more importance to morale than objective criteria. Four of the six subjective evaluations were selected for inclusion in the optimal set including the two most important discriminating variables, self-assessment of health and satisfaction with contact with social network. The importance of quality dimensions over quantity dimensions is most clearly demonstrated by the exclusion of the frequency measure of social contact from the discriminant function of its apparent absence of discriminating power.

These findings would suggest that further research is indicated in the area of subjective perceptions and quality aspects of the personal and social characteristics and resources of the aged. A sample containing extremely low morale cases may produce more conclusive results. It may be, however, that cultural values of stoicism and "counting your blessings" are highly ingrained within the elderly

cohort and, hence, the researcher may be confronted by a reluctance to report low morale.

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APPENDIX:

QUESTIONNAIRE

MORALE AND AGING:
A QUESTIONNAIRE TO STUDY FACTORS WHICH MAY INFLUENCE THE
MORALE OF OLDER PEOPLE

Instructions for Student Interviewers

1. Five people should be interviewed.
2. All interviewees should be over age 65.
3. No more than two interviews should be done with people in institutions - nursing homes, continuing care facilities, etc.
4. Married couples may be interviewed but they should be interviewed separately.
5. The interview has three phases:
 - (a) Contact potential interviewees, explain the project and set up a time for the interview.
 - (b) Conduct the interview, usually in the home of the interviewee.
 - (c) Hand in completed interviews to instructor.

Student Interviewer's Name: _____

Address: _____

Telephone: _____

INTRODUCTION OF THE PROJECT TO THE INTERVIEWEE

I am a student at the University of Alberta. As part of a class project for a course I am taking on the needs and resources of older people, I have been asked to interview several older people. I would appreciate being able to talk to you for approximately one hour about some of your needs and resources.

All of your answers would be held in confidence and would be read only by the professor of the course, or her assistants after your name has been removed. You are welcome to contact the professor, Dr. Norah Keating, for other details of the project. Her address and telephone number are:

Family Studies Department
801 General Services Bldg.
University of Alberta
Edmonton
432-4191

SECTION I: PERSONAL CHARACTERISTICS

(Circle number preceding interviewee's response)

Interviewee's Name: _____

Address: _____

Telephone: _____

- (i) Age: (1) 65-69
(2) 70-74
(3) 75-79
(4) 80 or older
- (ii) Sex: (1) Male
(2) Female
- (iii) What is your present yearly family income (self & spouse):
(1) less than \$10,000
(2) \$10,000 to \$19,999
(3) \$20,000 to \$29,999
(4) \$30,000 or more
- (iv) What is last type of education you received:
(1) no formal education
(2) public school
(3) high school
(4) trade school, technical college, etc.
(5) university
- (v) Do you:
(1) Work full-time (35 hrs/wk or more)
(2) Work part-time (less than 35 hrs/wk)
(3) Not work at all for salary (retired, housewife)

(vi) Marital status:

- (1) Married
- (2) Divorced
- (3) Separated
- (4) Widowed
- (5) Single

(vii) In what country were you born:

- (1) Canada
- (2) United States
- (3) Britain
- (4) Western Europe
- (5) Eastern Europe
- (6) Other

(viii) In what size of community do you live:

- (1) rural area (farm)
- (2) village less than 5,000 population
- (3) town between 5,000 - 29,999 population
- (4) city over 30,000 population

SECTION II: MORALE SCALE
(from the Philadelphia Geriatric Centre Morale Scale)

(Circle number preceding interviewee's response)

1. How would you describe your satisfaction with life in general:
 - (1) Excellent,
Good
 - (2) Fair,
Poor
2. Compared to your life today, do you think that one year from now it will be:
 - (1) Happier
 - (2) Same,
Less happy
3. Do you usually expect that things will turn out well for you:
 - (1) Yes
 - (2) No
4. How much would you say you worry about things:
 - (1) None,
Not much
 - (2) Fairly often,
A great deal
5. Everybody has times when things seem to go the wrong way, or when luck does not seem to be on their side. During these times, how hard is it for you to face the problem squarely, with hopes that things will soon be better:
 - (1) Very easy,
Somewhat easy
 - (2) Somewhat hard,
Very hard
6. Lately would you say you have been:
 - (1) Very happy
 - (2) Fairly happy,
Unhappy

7. Do you sometimes feel that life isn't worth living:
- (1) No
 - (2) Yes
8. Compared to other elderly people, do you think that your life is:
- (1) Much better,
Somewhat better
 - (2) Somewhat worse,
Much worse
9. Do you sometimes feel unhappy because you think you are not useful:
- (1) No
 - (2) Yes

Total score (add 1-9 above):

Morale Rating - 1 = Positive (total 1-9)
2 = Uncommitted,
negative
(total 10-18)

SECTION III: SOCIAL CHARACTERISTICS AND RESOURCES SCALES

(Circle response preceding interviewee's response)

(i) Satisfaction with Housing Scale

1. How would you rate the general physical condition of your living quarters:

(1) Excellent,
Good(2) Fair,
Poor

2. How attached are you to your present home:

(1) Very attached,
Fairly attached(2) No real feeling,
Do not like it and would like to move

3. How well do you think your present home satisfies your current needs for comfort and convenience:

(1) Very well,
Fairly well(2) Not too well,
Not at all

4. Do you find your housing costs burdensome (this would include such applicable costs as property tax, maintenance costs, rent payments, fees, etc.):

(1) Not at all

(2) Somewhat,
Very much so

5. Would more adequate housing give you a pleasanter life:

(1) No

(2) Yes

6. Would you say that you find such things as home maintenance, keeping up repairs and general housework (either doing them yourself or having them satisfactorily provided for you);

- (1) Never a problem
- (2) Sometimes difficult,
Generally difficult

7. If such a service were available, would you like help to find better housing,

- (1) No
- (2) Yes

Total Score (add 1-7)
HOUSCALE Rating - 1=Positive (Total
1-7)

2=Uncommitted,
negative (Total

8-14)

(11)

Perceived Adequacy of Income Scale

1. Is your current income adequate to do all you want to:

- (1) Yes
- (2) No

2. If such a service were available to you, would you like help in obtaining more money:

- (1) No
- (2) Yes

3. Would you say that most older people think of themselves as being:

(1) Independent financially, requiring only a little or no help,
Semi-independent (mainly self-supporting but sometimes needing help

(2) Largely or completely financially dependent, and in need of help much or all of the time

4. Would higher Social Security benefits or other financial assistance make life happier for you:

- (1) No
- (2) Yes

5. When you look ahead 5 years, do you expect your income will be adequate to do the kinds of things you want to do:

- (1) Yes
- (2) No

Total Score (add 1-5 above);

INSCALE Rating - 1=Positive (total 1-5)

2=Uncommitted,
negative, (total

6-10)

(iii) Self-assessment of Health Scale

1. How is your health today compared to how it was a year ago:

- (1) Better
- (2) About the same,
Worse

2. Comparing your health today with how it was ten years ago, is it:

- (1) Better
- (2) About the same,
Worse

3. In general would you say your health is:

- (1) Very good,
Good
- (2) Average,
Fair,
Poor

4. How would you compare your health to the health of other people your age. Is it:

- (1) Better
- (2) About the same,
Worse

5. How much would you say that bad health prevents you from doing things you would like to be doing:

- (1) Never,
Only once in a while
- (2) Half of the time,
Most of the time

6. In the past few years, are there any activities you have had to reduce or give up because of your health

- (1) No
- (2) Yes

Total score (add 1-6 above):

HEASCALE Rating - 1=Positive (total
1-6)

2=Uncommitted,
negative (Total

7-12)

(iv)

Satisfaction with Transportation Scale

1. Can you easily get to places you want to go that are not within walking distance (public transportation, car, etc.):

- (1) Yes
- (2) No

2. Approximately how far can you walk (or go alone in a wheelchair) without tiring yourself:

- (1) More than three blocks
- (2) One to three blocks,
Less

3. If such a service were available to you, would you like help getting to and from places around town:

- (1) No
- (2) Yes

4. Would better transportation opportunities give you a pleasanter life:

- (1) No
- (2) Yes

Total score (add 1-5 above):

TRANSCALE Rating - 1=Good (total 1-4)
2=Uncommitted, Negative (total 5-8)

(v)

Frequency of Contact with Social Network Scale

1. How often did you visit in person with a family member last week (not spouse):

- (1) Every day
- (2) A few times,
Once
- (3) Not at all

2. If you have any brothers or sisters, specifically when was the last time you saw, phoned, or got a letter from, one of them:

- (1) Within the past week
- (2) Within the past month
- (3) Within the past year or longer (no siblings)

3. If you have any children, when was the last time you saw, phoned or had a letter from, at least one of them:

- (1) Within the past week
- (2) Within the past month
- (3) Within the past year or longer (no children)

4. How often did you visit in person with friends, or neighbours, last week:

- (1) Every day
- (2) A few times,
Once
- (3) Not at all

5. How often last week did you talk to friends, relatives in general, business contacts or other people you know, on the telephone:

- (1) Every day
- (2) A few times,
Once
- (3) Not at all

6. If you have a person you feel especially close to (other than spouse, but may be friend, relative, doctor, etc.), how often do you usually see him/her:

- (1) Daily
- (2) Weekly
- (3) Monthly or less (no such person)

7. How often do you talk on the telephone (or write) to the person you feel especially close to:

- (1) Daily
- (2) Weekly
- (3) Monthly or less (no such person)

Total score (add 1-8 above):

CONSCALE Rating - 1=Intermediate to
high (total 1-10)
2=Intermediate to
low (total 11-22)

(vi)

Satisfaction With Contact With Social Network Scale

1. Do you have as much contact as you would like with a person that you feel close to - somebody you can trust and confide in:

- (1) Yes
- (2) No (no such person)

2. Do you think you see enough of your friends, relatives and neighbours:

(1) Yes

(2) No

3. How often do you find yourself feeling lonely:

(1) Never or hardly ever,
Sometimes but not too often

(2) Fairly often,
Very often or always

4. Are you happy with your living arrangement, i.e. if you are living alone, do you like it that way or not, and vice versa:

(1) Living alone and like it, or living
with someone and like it

(2) Living alone but don't like it,
or living with someone but would prefer
not to be

5. Would more companionship give you a happier life:

(1) No

(2) Yes

6. Do you have any friends living close enough to see whenever you want:

(1) Yes

(2) No

7. Do you have any relatives living close enough to see whenever you want:

(1) Yes

(2) No

8. If such a service were available, do you think you would like help to meet people:

(1) No

(2) Yes

9. Would you like a service which would bring friendly people to your home for a visit:

- (1) No
- (2) Yes

Total score (add 1-9)

SOCSCALE Rating 1=Positive (total 1-9)

2=Uncommitted,
negative (total

10-18)

(vii) Activity Level Scale, exclusive of visiting with family or friends

1. How often do you go shopping (all kinds):

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

2. How often do you go walking, or stroll for pleasure:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

3. How often do you attend religious services, meetings and events:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

4. How often do you attend clubs, or organization meetings:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

5. How often do you travel out of the city:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

6. How often do you work on the exterior of your home, or the yard:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

7. How often do you attend such things as movies, theatre, concerts, sporting events, auctions, etc.:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

8. How often do you do volunteer work:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

9. How often do you spend any time at a project which you will be paid for:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

10. How often do you spend time at sports or hobbies (eg. golf, fishing, bowling, reading, art, etc.)

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

11. How often do you eat out:

- (1) Daily, or several times per week
- (2) At least once per month, or a couple of times
- (3) A few times per year or less

Total score (add 1-11 above):

ACTSCALE Rating - 1=High (total 1-16)
2=Intermediate, low
(total 17-33)

(viii)

Satisfaction With Type & Level of Activity Scale

1. Do you usually have enough to do:

- (1) Always have plenty to do,
Usually have plenty to do
- (2) Usually not enough to do,
Never enough to do

2. Do you spend most of your time doing things you really like to do:

- (1) Yes
- (2) No

3. How satisfied are you with the way you spend your time:

- (1) Very satisfied,
Somewhat satisfied
- (2) Somewhat dissatisfied,
Very dissatisfied

4. Do you get outside of your home and about, as much as you would like to:

- (1) Yes
- (2) No

5. Would more activities organized for elderly people give you a pleasanter life:

- (1) No
- (2) Yes

6. If such a service were available, would you like help finding more enjoyable things to do (recreation):

(1) No

(2) Yes

7. Are you able to do most of the things that you enjoy doing:

(1) Usually

(2) Sometimes,
Not very often

8. Would you like to be working (more):

(1) No

(2) Yes

Total score (add 1-8)

LEVSCALE Rating - 1=High (total 1-8)

2=Uncommitted, Negative
(total 9-16)